UNIVERSITY OF ALBERTA

ETHICAL DECISION-MAKING AND JUDGEMENTS OF PSYCHOLOGISTS: AN EXPLORATORY STUDY

BY

MAXINE MARILYNN ELLIOT

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1991

National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-70050-5

Canadä

UNIVERSITY OF ALBERTA

Release Form

NAME OF AUTHOR: Maxine Marilynn Elliot

TITLE OF THESIS: Ethical Decision-Making and Judgements of Psychologists: An Exploratory Study

DEGREE: Doctor of Philosophy

YEAR THIS DEGREE GRANTED: Fall, 1991

Permission is hereby granted to the UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Maxine M. Elliot

Apt.16
501 - 3rd Avenue North
Saskatoon, Saskatchewan
S7K 2J5

October 2, 1991

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "Ethical-decision making and judgments of psychologists: An exploratory study" submitted by Maxine Marilynn Elliot in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

Dr. E. L. Eberlein ....
Supervisor

Dr. L. L. Stewin L. Stewin

Dr. P. C. Sartoris P. C. Sartoris

Dr. D. Cullen Dallas Cullen

Dr. J. G. Paterson J. G. Paterson

Dr. M. R. Uhlemann Max R. Uhlemann

To the children of the future with their exuberance and joy:

Ryan Bryce, Kelsey Marilynn and Adam Sean.

ABSTRACT

The purpose of this study was to examine ethical decision-making and ethical judgments of psychologists. Specifically, to: (a) examine the relationships between choices, reasons, and the relationship of certain professional and demographic characteristics to these responses; (b) identify and evaluate resources used in resolving ethical dilemmas; (c) determine if formal ethics training had an effect on choices and reasons for ethical choices; (d) examine the utility of the ethical orientation scale. A survey research design using 10 vignettes posing ethical dilemmas representative of those encountered in professional practice was used in this study. Respondents were asked to choose the best response and to give their primary reasons for choosing each option. Results were compared to an earlier study by Haas et al. (1986; 1988) of APA members.

Ninety-nine randomly selected Alberta Chartered Psychologists participated in this study. Substantial agreement in responses were determined between Alberta psychologists, and between Alberta and American psychologists. The results suggested psychologists were more alike than different, and respondents with particular characteristics including: age, experience, and employment setting, did differ in their responses to certain dilemmas. The needs of the client was the reason psychologists most often gave for choosing both the same and different responses. The ethical orientation scale was determined to be effective in categorizing responses for both professional and non-professional participants.

The psychologists rated the resources presently available for assisting in ethical dilemma-resolution as adequate. Personal experience, the CPA code of ethics, colleagues, and professional books and journals were rated as most helpful in resolving on-going ethical dilemmas, and graduate programs, professional association workshops and continuing education programs were rated as less helpful. Formal ethics training was determined to have a significant effect on ethical decision-making abilities of counsellor-training students.

General trends based on the results obtained in this exploratory study, and recommendations for futurer research were presented.

ACKNOWLEDGEMENTS

I wish to express sincere appreciation to those who guided and assisted me in the process of this study. Thanks to Dr. L. Eberlein, thesis supervisor, for his direction and patience throughout the project, and to Dr. P.C. Sartoris for his salient comments during tedious times. To Dr. L. Stewin, and the other members of my supervisory committee for their encouragement, interest and perceptive counsel. Thanks to Dr. J.G. Paterson and Dr. D. Cullen for their good humor and constructive comments. I wish to extend thanks to Chris Prokof for her assistance with the statistical analysis and her valued support, and to my colleagues who shared ideas with me.

I am indebted to my family, Tracee, Lauren and Margolee for continued devotion and encouragement, and for including me and keeping fun in my life. Thanks to my very special friends who shared their expertise, encouraged and laughed with me, in particular: Colleen, Bernie, Aileen, Dick, and Marilyn. Also, I wish to thank my new friends in Saskatoon, and Dr. R. Griffin and Vicki Herman, who encouraged me and shared their expertise.

This study reflects the dialogue which took place between Alberta Chartered Psychologists, Graduate Students in Educational Psychology, and the researcher. I extend my sincere appreciation to those professionals and students who showed their interest in this study by freely giving of their time.

TABLE OF CONTENTS

PAGE

CHAPTER I..1
    Introduction...1
        Rationale for Study..................................1
        Significance of Study................................4
        The Problem..6
    What is Ethics?..6
    What Ethics is Not.......................................8
        Definitions..9
    Limitations..10
        Outline of Study.....................................12

CHAPTER II...14
    Review of the Literature.................................14
        A. Characteristics of Psychologists and their Effects on Ethical Behavior.................16
        B. Cognitive Theories and Studies of Ethical Behavior.............................26
        C. Counsellor Education in Professional Ethics...............................39
            Programs...39
            Impact of Professional Ethics Education..........43
            Supervision......................................49

CHAPTER III..55
    Methods and Procedures...................................55
        Research Design......................................56
            Pilot Study......................................56
            Graduate Student Sample..........................57
            Ethics Committee.................................58
        General Study Design.................................59
            Population.......................................59
            Psychologist Sample..............................60
            Sampling Procedures..............................61
            Procedures.......................................65
        Instruments..66
            1. Ethical Dilemma Questionnaire.................66
            2. Ethical Orientation Checklist.................69
            3. Demographic Information.......................72
            4. Sources of Information........................73
        Data Analysis..73
            Research Question 1..............................74
            Research Question 2..............................74
            Research Question 3..............................75

Research Question 4.......................75
Research Question 5.......................75
Research Question 6.......................76
Research Question 7.......................76
Research Question 8.......................77
Summary.......................77

CHAPTER IV.......................78
Results.......................78
Introduction.......................78
Description of Alberta Psychologist Sample.......................78
Descriptive Statistics of Student Sample.......................81
Research Question 1.......................82
Research Question 2.......................88
Research Question 3.......................97
Research Question 4.......................107
Research Question 5.......................111
Research Question 6.......................119
Research Question 7.......................121
Research Question 8.......................123
Summary.......................126

CHAPTER V.......................128
Discussion.......................128
Ethical Dilemmas.......................132
Psychologists' Characteristics.......................138
Ethical Orientation.......................142
General Findings.......................142
Individual Dilemmas.......................148
Reasons by Choices.......................151
Sources of Information.......................154
Effects of Ethical Training.......................160
Recommendations.......................165

References.......................169

APPENDICES.......................189
Appendix A.......................190
Questionnaires.......................191
Appendix B.......................203
Letters.......................204
Course Outline.......................208
Appendix C.......................212
Additional Descriptive Tables.......................213
Appendix D.......................220
Additional Statistical Tables.......................221

LIST OF TABLES

Table | Page

1. Return Rate of the Survey....................................63

2. Characteristics of the Alberta Sample of 99 Chartered Psychologists..80

3. Vignettes - Ethical Issues and Choices Presented in Questionnaire & Percentage of 99 Alberta Psychologists & 294 Haas Respondents Endorsing Each Choice...............83

4. Summary of Chi-Square Data for Ethical Dilemmas by Significant Demographic Factors for Alberta Psychologists..89

5. Summary of Chi-Square Data for Ethical Dilemma Response by Reasons for Alberta Psychologists........................99

6. The Mode, Mean & Standard Deviation of Primary Ethical Orientation for Each Dilemma for Alberta Chartered Psychologists...110

7. Summary of Analysis of Variance Data for Ethical Dilemmas by Significant Demographic Factors for Alberta Psychologists...113

8. Important Sources of Information for Alberta Psychologists in Solving Ethical Dilemmas (Ranked in Descending Order)......................................120

9. Alberta Counselling Trainees' Ethical Orientation for Each Dilemma, Pre and PostTest............................124

LIST OF FIGURES

Figure Page

Fig. 2: Percent of Responses to Ethical Dilemmas at Each Level of Ethical Orientation for 99 Alberta Psychologists....................................108

APPENDIX C

Additional Descriptive Tables

Table | Page

10 Membership Status of Psychology Association of Alberta........213

11 Primary Service Focus of 99 Alberta Chartered Psychologists........214

12 Validity Results Ethical Dilemma Questionnaire...215

13 Validity Results Ethical Orientation Checklist...216

14 Demographic Characteristics of Counselling Trainees........217

15 Vignettes - Ethical Issues & Choices Presented in Questionnaire and Percentage of Counselling Trainees Endorsing Each Choice........218

APPENDIX D

Statistical Tables

Table Page

16. Summary of One-Way Anova and Scheffe Tests for Total Ethical Orientation and Years of Experience (3 groups) for Alberta Psychologists..............................221

17. One-Way Anova and Scheffe Tests for Ethical Orientation and 3 Groups of Experience for Alberta Psychologists....222

18. Means, Standard Deviations and T-ratios for Total Ethical Orientation for Age, Sex, Education & Residence for Alberta Psychologists.....................223

19. One-Way Anova and Scheffe Tests for Ethical Orientation and Marriage Counselling for 3 Groups of Client as Primary Service...224

20. One-Way Anova and Scheffe Tests for Ethical Orientation and Professional Competence for 3 Groups of Client as Primary Service...225

21. Means, Standard Deviations & T-ratios for Ethical Orientations for Ethical Dilemmas for Alberta Counselling Trainees (Pre with PostTests)...............226

CHAPTER I

INTRODUCTION

Rationale for the Study

Concern is growing with the ethical behavior of professionals and the potential consequences of their actions for the public is growing. Ethical behavior is becoming increasingly an important issue for persons engaged in helping professions: doctors, lawyers, social workers, teachers, and psychologists. The impact of ethics on professional practise and on psychologists' everyday work setting is increasingly becoming an issue for practitioners, professional associations, and training programs. The need for psychologists to become more aware of the legal, moral, and ethical considerations of their work has been frequently pointed out (Haley, 1985; Haas, Malouf, & Mayerson, 1986, 1988; Rest, 1984; Tymchuk et al., 1982; Vafakas, 1974; Welfel & Lipsitz, 1984).

Ethics involves the understanding of which is the right or the appropriate action to take when confronted with a dilemma. Codes of conduct, guidelines or ethical standards have been developed to guide professional behavior (Van Hoose & Kottler, 1985). The existence of a code of ethics defining principles or standards for ethical practise is one criteria which defines an occupation as a profession (Shertzer & Morris, 1972).

The first comprehensive code of ethics for psychology was designed by the American Psychological Association in 1953, and revised and adopted in 1963. Four further revisions of the code have been carried out, most recently in 1981, with a proposed revision in 1990. The American Association for Counseling and Development (formerly the American Personnel and Guidance Association) adopted its first code of professional ethics in 1961. In 1977 the Canadian Psychological Association followed suit, with the Psychological Association of Alberta establishing their code in 1981.

However, the current increase in malpractice litigation and rising insurance premiums for professional psychologists suggests that the codes adopted by the profession have not been altogether successful in decreasing unethical behavior. The Registrar of the Psychologists Association of Alberta (PAA) reports there were 42 charges investigated from April 1, 1988 to March 31, 1989. Over this period, six disciplinary hearings and appeals were heard with four cases going on to further disciplinary hearing (Psychologists Association of Alberta, Second Annual Report, 1989). Twenty-two complaints against psychologists were reported by PAA for the April 1, 1990 to March 31, 1991 period. The disposition of these complains is: four were withdrawn/resolved, one dismissed, sixteen in/or awaiting investigation, with one suspension. PAA concluded there is a continued need to educate the members of the association and the public of the requirements for ethical and competent practice.

At the same time, new ethical issues have emerged, creating some new and unusual professional dilemmas. These relatively new ethical issues include the following: confidentiality limits in counselling adult or paediatric clients with AIDS/HIV infection (Gray & Harding, 1988; Olson, Husazti, Mason, & Seibert, 1989), the impact of computers on professional practice (Farrell, 1989), deinstitutionalization of elderly and mental patients (Janocko & Lee, 1988), ethical dilemmas in policy and rehabilitation psychology (Zelig, 1988), ethical challenges of group and dyadic therapy (Lakin, 1986), the practice of new therapies (Hunsley, 1988), and malpractice risks with suicidal patients (Knapp & Vandecreek, 1983).

The question arises in the discussion of ethical codes of practice and the new emerging ethical issues as to how professional associations can assist psychologists in resolving ongoing or new ethical dilemmas, and in reducing the frequency of unethical behavior. How do counselling psychologists resolve ethical dilemmas? What are the resources that they utilize in making ethical decisions? Clearly, there is a need to address public and professional concerns and for psychologists to examine some of their current practices. This focus on ethics and the examination of professional practice is needed so that psychologists can continue to trust their colleagues, and garner trust from clients and the general public. It is from this context this study has been developed.

Significance of the Study

Ethical behavior is becoming an increasingly important issue for the counselling profession. Psychologists are being faced with special challenges due to the increasing complexity and importance placed on ethics, and by the emergence of new ethical dilemmas.

Further study in this area is needed to provide new ways of evaluating attitudes and behavior, identifying skills, resources, and the factors involved in ethical decisions. The research and literature in the field of ethics is sparse; and, as noted later in this proposal results, is often equivocal and inconclusive. Also, little emphasis has been placed on understanding how counsellors sort through complex considerations in making a decision about the ethical course of action in a specific situation (Welfel & Lipsitz, 1983b). The need for a theoretical framework has also been suggested (Van Hoose & Paradise, 1979; Welfel & Lipsitz, 1983a), with Van Hoose and Paradise actually presenting a model influenced by Kohlberg's (1969) theory of moral judgment, and Piaget's (1965) theory of moral development.

Welfel and Lipsitz (1984) carried out a comprehensive review of the literature which indicated that, although violation of confidentiality and sexual intimacy has received the most attention, other kinds of unethical behavior also have been documented. These include unethical research practices, misrepresentation of skills, improper use of assessments, failure to respect client integrity and inappropriate public statements.

The supervisory relationship in practica and internships is frequently noted as a model for ethical behavior (Upchurch, 1985). However in actual practice, adequate supervision is not always provided, and informal methods of ethics training may not always provide skills that practicing counsellors can utilize to resolve future ethical dilemmas. In a study of doctoral-level psychology students Tymchuk et al. (1982) found that over one-half (58%) of the students felt that they lacked knowledge of in this area. To add to this difficulty the 1982 APA Ethical Standards Casebook does not directly address the ethical issues within the supervisory relationship (1988). Handelsman (1986b) suggests that similarly to psychologists moving away from the apprenticeship model of psychotherapy training and recognizing the need for courses in therapeutic theory and techniques, there is a similar need to identify ethical reasoning as a skill that needs formal instruction and study. Clearly, ethical education in training programs is one potentially effective way to affect ethical behavior.

The Problem

This study surveyed psychologists' application of ethical standards to determine the choices they make and the reasons for these choices. Attitudes and behaviors of psychologists, with an emphasis on understanding how ethical decisions are made, have also been surveyed. The effect of formal ethics training on ethical decision-making has also been investigated. The appropriateness of the ethical orientation model (Van Hoose & Paradise, 1979) is also examined.

As previously noted, there is an increasing emphasis on psychologists' ethics by the public and by the profession itself. However, at the same time, the ethical literature is relatively sparse and research findings are equivocal and inconclusive. The need for the following investigation arose from these ambiguities.

What is Ethics?

When the term civilization is used, it largely defines and describes an ethical approach to life. Ethics is derived from the Greek word _ethos_ meaning "character." Webster's dictionary

(1971) defines ethics as: (a) the discipline dealing with what is bad or good and with moral duty and obligation, or (b) a set of moral principles or values; a theory of system of moral values, and (c) the principles of conduct governing an individual or group.

For more than three thousand years, people have attempted to construct a code of human behavior. This has not been an easy task. The common theme running throughout the philosophies of Plato, Socrates, Aristotle, and the religions derived from the writings of Christ, Confucius, Mohammed, and Buddha is the need to outline codes for decent human conduct and for ethical behavior. More recently, Camus and Sartre proposed other ways of reaching the same basic goals. Overall, all of these views share a similar premise that the ethical life is one which follows good common sense. Conversely, they all point out how failure to abide by ethical rules results in corruption of the individual and of the entire society.

Ethics involves "making decisions of a moral nature about people and their interactions in society" (Kitchener, 1986, p. 306). "Ethics is generally defined as a philosophical discipline that is concerned with human conduct and moral decision making" (Van Hoose & Kottler, 1985).

The psychological profession evaluates behavior and actions on the basis that some actions are helpful to clients while others are harmful. Professional codes of conduct classify psychologists' actions based on the ultimate effect on individuals and clients. Ethical codes present rules or guides for making moral decisions based upon a basic philosophy of thought. Although ethical codes do not cover specific conditions, they present the basic philosophy of the discipline from which behavior may be guided. Thus, codes are guidelines to assist psychologists and counsellors in determining treatment goals and treatment methods.

Brown (1973) further described the need for individuals to arrive at a well-defined, ethical decision-making process in order to evaluate situations as they arise:

> When you decide to take matters into your own hands, someone may ask you: . . . Who are you to decide for yourself in the face of society and centuries of moral teachings?
>
> The answer is simple: You are you, the person who will live with the consequences of what you do . . . You have to be the one to decide . . . You have to know (p.128).

What Ethics Is Not

Ethics is not a blind allegiance to rigidly set rules and codes. Van Hoose and Kottler (1985) state that blind obedience to authority has been responsible for some of history's greatest tragedies. Brown (1973) noted the irrational belief that people must obey an ethical code created by someone else and terms such obedience the "morality trap." Clearly, psychologists and counsellors in positions of responsibility must not only follow rules blindly, but they must assess the consequences of their actions and develop their own personal ethics (within professional ethical guidelines) to guide their behavior. From such a need the Ethical Judgment Scale (Van Hoose & Paradise, 1979) was developed.

Ethics is not synonymous with morality, although there is some overlap. Both terms refer to the study of human behavior and values and deal with what is good or bad. Ethics is the term used to describe the study of morals or moral issues without making judgments. On the other hand, the terms morals and morality refer to the criteria all people are directed to follow in their behavior. Morality involves the judgment or evaluation of action, not the study or the discipline. Morality is associated with the use of evaluative words such as good, bad, right, wrong, ought, and should (Brandt, 1959).

Definitions.

Dilemma (a) a choice or a situation involving choice between equally unsatisfactory alternatives.

(b) an argument presenting two or more

alternatives equally conclusive against an opponent.

(c) a problem seemingly incapable of a satisfactory solution (Webster, 1971).

Stages of ethical behavior. The five qualitatively different stages of orientation, increasing (or decreasing) through noticeably different levels of ethical reasoning and are: punishment, institutional, societal, individual and principled.

Ethics (a) A set of moral principles or values.

(b) A theory or system of moral values.

(c) The principles of conduct governing an individual or group (Webster's Dictionary, 1971).

Limitations

The scope of this study was limited by the following factors:

1. This research was limited to a sample population of 99 randomly selected subjects who currently were Chartered Psychologists in the province of Alberta. The counselling training group represents only one year of graduate students in the counselling program. The students in that particular year may be different than students who were enrolled in similar courses in other years. These variables limit the extent to which the results of this study may be generalized.

2. The validity and accuracy of self-reports are always

questionable, and data collection methods must be considered when questionnaires returned. The sample of psychologists was self-selected and as such, included respondents who were interested in and felt comfortable with the issues of professional ethics. The research method is dependent on the accuracy with which respondents accurately portrayed their experiences and can only be assumed. The small sample size and the voluntary nature of the research leads to the possibility of sampling bias.

3.. The ethical dilemma questionnaire developed by Haas (1986) has not been widely used in research and does not have extensive reliability and validity reports. Revisions made to the response choices diminished the comparability of the American and Alberta sample. One dilemma described an incident arising from the Vietnam war situation which may not be applicable to the Alberta respondents. However, in view of the impact of the American media on Canadian culture and experience, and to allow comparisons between studies, it was decided to include this particular dilemma in this study.

There is severely limited evidence for the reliability and validity of the ethical orientation scale. There is disagreement in the research literature as to the scale's underlying rationale and the assumptions on which it was developed. However, the two instruments used in this survey reflect the state of the art to date. It was felt that the survey administered to psychologists would generate sufficient data by which to test the research questions set forth in the present study.

The area of ethics is a complex one, and clearly research is needed in this area. This study was developed from a survey of the review of the research designs used previously. The foregoing limitations will be considered in interpreting the data obtained in this study.

Outline of Study

Chapter 1 presents an introduction to the study; the rationale and the significance of the survey are outlined. The term ethics is defined along with other terms used in this study.

Chapter 2 contains a review of the related literature on psychologists' characteristics associated with ethical and unethical practice. Counsellor education in professional ethics and the impact of ethics education on counsellors is reviewed. Cognitive theories and studies of ethical reasoning processes are also presented. The eight research questions are also presented.

Chapter 3 describes the research procedures and the survey instruments: the Haas Ethical Dilemmas Questionnaire, the Ethical Orientation Checklist, the Sources of Information Questionnaire. Data treatment methods are also outlined.

Chapter 4 presents the sample description, research findings, and statistical analyses.

Chapter 5 discusses the results. Implications of the survey results for counselling and counselling training programs are outlined. Recommendations for further research are also suggested.

CHAPTER II

REVIEW OF THE LITERATURE

Ethical reasoning and behavior is becoming an increasingly important issue for the psychological profession. There is an increased interest and concern with the ethical behavior of professionals, and the potential consequences of their actions for the public. The question arises: How do psychologists apply ethical standards to the ethical dilemmas they encounter in everyday practice, and what are the reasons for these choices?

The basic question addressed in this dissertation is how to most effectively assist psychologists in resolving ongoing or new ethical dilemmas and in reducing the frequency of unethical behavior. Despite the increased interest and concern about ethical behavior there is little data based research in the area of ethical issues that has been carried out (Hayman & Covert, 1986).

The literature and research which are important to the study of ethical choices and practices is reviewed in the following section. One body of literature emphasizes the professional and personal characteristics of psychologists, and the effect on ethical behavior. A second literature and research focus is the major cognitive theories and studies that are associated with ethical discrimination ability and reasoning. These differing perspectives on psychologists and ethics are both surveyed and presented.

Fifty years ago philosophy and psychology were seen as in such close alignment that they were combined into one administrative unit at many universities. Later, with the emergence of the emphasis on the development of scientific and experimental techniques in psychology, there was a dramatic shift away from philosophy. More recently, with the increased focus placed on ethical accountability, psychology departments and counsellor training programs are beginning to reexamine the philosophical underpinnings on which ethical codes and legislation are derived, and consider returning to formal course work in ethics. Therefore, a literature review of counsellor education programs, clinical supervision and the impact of professional ethics training on ethical behavior is presented.

Welfel and Lipsitz (1984) reviewed the literature on psychologists' ethical and unethical practice, and found very few studies that exclusively focused on the behavior of counselling practitioners. Therefore, they expanded their review to include three of the primary roles of professional psychologists: therapist, educator, and consultant. The authors concluded that research studies could be divided into three categories: analogue studies that evaluate responses on pen and paper tests, interviews with psychologists who have reported inappropriate behavior, and tests built on theories outlining differences in ethical decision-making.

Welfel and Lipsitz (1984) recommended four major directives for future research. Firstly, new methods are needed to replace simplistic research designs in the examination of these complex phenomena. Secondly, researchers should change their tendency to study ethical decision-making as if the decision itself is the only important variable. Thirdly, a greater emphasis on the investigation of personality characteristics, cognitive and developmental factors which have the potential to lead to a clearer comprehension of ethical behaviors is needed in addition to the study of demographic variables. Finally, psychologists must determine how ethics education affects ethical behavior. It is to the second and final suggestions that this study is directed.

A. Characteristics of Psychologists and the Effects on Ethical Behavior

Tymchuk et al. (1982) surveyed members of the Division of Clinical Psychology of the American Psychological Association using vignettes describing either clinical or research situations. Clinical psychologists were asked if they were in agreement with the ethical decision (e.g., confidentiality, informed consent, probability of success) and to indicate the criteria used in their evaluation. Results indicated the strongest consensus in the vignettes that had clear professional and legal standards and reflected current issues, including the therapist-client relationship. Less agreement was found for vignettes involving issues of less interest and importance, such as those concerned with business or contract decisions. A large proportion of the psychologists used a similar decision-making process in those vignettes with the strongest consensus; "concern for the interest of the client" emerged as the most commonly chosen criteria, and "financial concerns of the psychologist" was the least (p. 419).

Haas, Malouf, and Mayerson (1986, 1988), like Tymchuk, studied ethical decision-making among practicing psychologists and the reasons for their choices. They examined the relationship between ethical reasoning and ethical behavior. Demographic and experiential characteristics and their effect on decision making were also explored. Further data indicating the sources of the psychologists' training in ethics and the value of each experience was also collected. Results indicated that psychologists generally were more alike than different; however, theoretical orientation, sex, and number of years of experience did have an effect on their ethical choices. Systems therapists working in marital counselling were more likely to agree to keep secrets, in contrast to therapists from other theoretical orientations. Female therapists, when compared to male therapists, were more likely to inform clients of their rights, refuse to trade therapy for services, and were less likely to take action to report sexual exploitation. No significant relationships between work setting and choice of alternatives, or between ethics training and choice of reason for action were found, nor was formal ethics training related to choice of ethical action. However, the relatively low number of hours spent in ethics training by the average psychologist may have resulted in a floor effect which masked any actual relationship. As the psychologists received their training before 1976, these results may reflect the lack of availability of specific graduate course work at that time.

The researchers suggest that further studies are needed as the ethical dilemmas chosen for presentation provided little opportunity for the selection of unethical choices, and may not have been reflective of characteristics studied. The authors concluded that, although they were reassured by the degree of consensus found in ethical resolution, there was a need for further research in ethics, ethics training and, in particular, the process of moral reasoning and its effect on moral behavior.

Muehleman and Kimmons (1981) surveyed 29 psychologists using one vignette describing child abuse revealed during a family therapy session. Results were dichotomous, with about one-half stating that they would report the abuse to authorities, while one-half would not. The majority viewed the child's life as of the greatest importance to their decision, followed by concerns with confidentiality and legality.

Tannenbaum, Green, and Glickman (1989) extended previous research on the ethical reasoning process when they surveyed 19 psychologists and doctoral students using a case study approach for which a series of potential ethical dilemmas were developed. They selected five situational factors or cues that could potentially affect the respondents' ethical decision on the case study. These factors were deception, coercion, risk, invasion of privacy, and probability of success. They determined that invasion of privacy was the most frequently used cue used by the respondents in making their decision followed by risk and deception, and with coercion not often considered by the psychologists. Of the 32 vignettes presented, 21 resulted in 75% or better agreement.

To address the need for data-based studies of ethical issues in college counselling centers, Hayman and Covert (1986) conducted a survey of ethical dilemmas encountered by American college counsellors. They focused on the types and frequency of ethical dilemmas, identifying the most difficult dilemmas and the resources used in resolution. The results indicated that, although 50% of the counsellors surveyed reported facing ethical dilemmas, they experienced one or less per semester.

Five types of dilemmas, listed here in decreasing incidence of occurrence, emerged: confidentiality (42%), dangerousness to self or others (22%), role conflict (17%), counsellor competence (19%), and conflicts with institution or employer (19%). Dilemmas reported as difficult to resolve were counsellor competence and confidentiality, while dilemmas involving danger to self or others were found to be least difficult.

The majority of the college counsellors reported using common sense (93%) and discussion with colleagues (81%) in resolving ethical dilemmas. Administrative personnel (41%) and clinical supervisors (39%) were noted as resources used in dilemma resolution. Less than one-third of the counsellors surveyed referred to published professional guidelines (31%) and none reported using state or national ethics committees as resources in resolving dilemmas. Texts or journal articles (31%), attorneys (20%), ethical standards casebooks (17%), graduate course work (11%), and counsellor educators (2%) were also reported as utilized resources. Results were similar to that of Klein (1984) who reported 71% of rehabilitation counsellors had never referred to a code of ethics to resolve ethical dilemmas.

Respondents indicated that counsellor competence and confidentiality were more difficult to resolve than other dilemmas. Hayman and Covert (1986) concluded that the ethical standards of the American Association for Counselling and Development (1981) may be difficult to apply. The authors suggested this study implied that, because many dilemmas were resolved without referral to ethical codes, college counsellors may be unskilled in resolving ethical dilemmas and may make many mistakes. Thus, as a result, the perception about the frequency of ethical dilemmas at college centers may be highly understated.

Barr (1970) compared counsellor-trainees and practicing counsellors as to their awareness of the APGA _Ethical Standards_. Unexpectedly, the results showed that the counselling students scored higher than practicing counsellors. Barr also studied the following variables for their effects on awareness of the _Ethical Standards_: length of time on job, university granting the master's degree, membership in APGA, undergraduate major, gender, number of siblings, age, marital status, and work experience prior to counselling. This study determined that students who were members of APGA scored higher than non-members. Male practicing counsellors scored significantly higher than female practicing counsellors. No significant differences were found for other variables.

In response to the neglect of ethical issues in professional literature and research, Pope et al. (1986, 1988) surveyed APA members asking them to rate the degree to which they engaged in each of a list of 83 ethically appropriate or inappropriate behaviors, and whether they viewed the behavior as ethically appropriate. The possible responses included: do no harm; practice only with competence; do not exploit; treat clients with dignity; protect confidentiality; gain informed consent; and act from a framework of social equity and justice. Psychologists were also asked to rate whether they considered each behavior to constitute good practice, and the degree to which they considered each behavior to be ethical. Pope et al. also studied the resources used in decision making. Demographic information as to age, sex, theoretical orientation, and primary work setting was collected.

The results suggest psychologists' reported behavior was generally in accord with their ethical beliefs. Seven of the 83 behaviors were practiced by over 90 percent of the participants, 16 by fewer than 10 percent. Difficult judgments were defined as ones in which 20% of the respondents indicated "don't know/not sure." Twelve of the behaviors posed difficult judgments in terms of whether they were ethical. The age of the psychologist was associated with helping a client file a complaint regarding a colleague; while younger psychologists less likely to rate this behavior as poor than were older psychologists. In responses to the item hugging a client, theoretical orientation was found to be a factor as psychodynamic behavioral psychologists rated hugging as inappropriate behavior under most circumstances, while humanistic, existential, systems, cognitive, and gestalt therapists did not.

Thirteen items rated as poor practice by 80 percent of respondents included sexual issues, financial or business issues, confidentiality, and providing services in areas outside of competence. Sixty percent of respondents listed items representing poor practice that involved dual relationships, and some violation of the roles or boundaries of psychotherapy. Colleagues, APA Ethical Principles, and internship training were noted as the most helpful resources in guiding behavior; state and federal laws, published research, and local ethics committees were found to be least helpful.

Butler and Zelen (1977) studied personality characteristics of counsellors who reported they had had sex with clients. These researchers examined the nature of the therapeutic relationship, the needs and defenses of the therapists, and the effects of the sexual contact on the process of therapy. Psychologist characteristics seen as influencing behavior included a high need for affection, love, and positive regard from others, along with a low level of impulse control. The sexual contacts had not been pre-planned, and in the majority of cases were not perceived as therapeutic for either client or therapist.

This study is important as it addresses actual cases of alleged unethical behavior, and how psychologists react in the therapy situation in contrast to previous research studying hypothetical cases. The Butler and Zelen (1977) focus on personality variables is a worthwhile line of research, as it has the potential to determine those capable of making ethical judgments. This study suggests that unethical behavior does not result only from a lack of knowledge of ethical guidelines, but also from the inability to resist impulses. Also, this suggests a lack of awareness on the part of the therapists of the pitfalls of countertransference.

Dormal and Creamer (1988) studied the relationship of selected demographic variables of community college counsellors and their scores on the Ethical Judgment Scale (EJS). They found that only the relationship between age and ethical orientation were significant. The older counsellors scored lower than younger counsellors. These results are consistent with other studies (Paradise, 1975, 1977; Welfel & Lipsitz, 1983), but are contrary to Vafakas' (1974) findings. Dormal and Creamer (1988) concluded their research by suggesting that perhaps the findings should be dismissed due to the low reliability of the overall EJS Scale. They also state that these findings raise serious doubt as to the usefulness of the EJS.

Ratcliffe (1986) studied members of the Texas American Association of Marriage and Family Therapy. She used an ethical dilemma questionnaire developed from ethical issues that marriage and family therapists and other psychologists previously noted as needing clarification. The ten-item questionnaire was comprised of five dilemmas involving confidentiality issues, and five dilemmas representing therapist competence and improper use of the client-therapist relationship. This research also studied the Ethical Position Questionnaire (EPQ) developed by Forsyth (1980) to determine if this instrument could be used to predict therapist responses to ethical dilemmas. Forsyth's earlier research was developed from social psychology and attribution theory. This research classified factors influencing moral judgments into a diachotomous two by two format between relativism and idealism.

Ratcliffe (1986) determined that the EPQ category was the most consistent predictor of ethical judgments in comparison with therapist demographic characteristics. However, this was consistent only for dilemmas in which no clear ethical guidelines existed. This study determined that therapist age, gender, education, and clinical experience affected therapist responses to some of the ethical dilemmas in the study. The salient findings of this study are as follows:

1. Female therapists were more likely than male therapists to report previous sexual abuse of female clients.

2. Student members of the association were less likely to report female sexual abuse than full associate members.

3. Therapists with two years or less of clinical experience were more likely to report any form of child abuse than therapists with 10 years or more experience.

4. The older the age of the therapist, the less likely they were to report potential therapist sexual misconduct.

5. Therapists holding a doctorate were less likely to report a minor committing a potentially life-threatening crime than were student therapists and therapists holding Master's degrees.

B. Cognitive Theories and Studies of Ethical behavior

The Van Hoose and Goldman (1971) and Van Hoose and Paradise (1979) studies of ethical orientation are significant as they attempted to guide research with theory, and explain ethical reasoning using a theoretical base (Welfel & Lipsitz, 1983a). They imply that a cognitive factor has an effect on ethical and unethical decision making. These researchers devised a stage model influenced by Piaget's (1965) and Kohlberg's (1969) theories of moral development, and from this developed the Ethical Judgment Scale (EJS). The EJS model is comprised of five qualitatively distinct stages of ethical orientation. The concept of justice is also reflected in these stages. This suggests that each stage of moral reasoning reflects variation on the just or fair way to resolve a moral dilemma. These stages focus on the development of reasoning and are as follows:

1. Punishment orientation: Based on conformity to external rules and regulations. The counsellor's reasoning is concrete and rigid and the superior power of authorities is the focus.

2. Institutional orientation: The ethical choices results from a belief in the rules and policies of the institution and the counsellor operates from the perspective of maintaining rules and authority.

3. Societal orientation: This stage is based on the good of society. The counsellor reasons from a sense of duty to society and a desire to maintain its standards.

4. Individual orientation: From this perspective judgments are based on the individual's internal ethical code versus the previous three levels which focus on external sanctions. The counsellor reasons in accordance with their own judgment as to what is best for the individual.

5. Principle orientation: Ethical reasoning becomes an individual decision reflecting the counsellor's own conscience and principles without regard for external pressures. This level implies an understanding of the principles underlying professional ethical codes.

Kohlberg's (1969) theory of moral development, as stated earlier, was the model for which Van Hoose and Paradise (1979) developed the Ethical Judgment Scale. Kohlberg's theory of moral development proposed that moral reasoning passes through a series of qualitatively different stages of structural organization. Qualitatively different reasons for identical moral choice responses, and therefore qualitatively different thought structures, characterize individuals at different times in their development. Kohlberg rejected the earlier approaches to moral development that focused only on the responses given, and instead chose to investigate the reasons underlying moral responses (Lerner, 1976).

Kohlberg's theory is important as many of the major criticisms of the Ethical Judgment Scale critique the moral developmental theory on which the scale is based. There continues to be much criticism and controversy arising from Kohlberg's theory and its applications (Kutnick, 1985; Rest, 1985). Kohlberg (1985), until his recent death, reacted to valid criticism by revising some aspects of his theory. Thus, it is fair to state that this is a theory that has evolved.

One of the major criticisms of Kohlberg's theory is its very low predictive ability for movement from moral judgments to moral action (Kurtines & Grief, 1974). Kutnick (1985) summarized the research and concluded that "either there is no relationship between moral reasoning and moral conduct or, minimally, the relationship is complicated by many other factors" (p. 135). Straughen (1985) in his essay "Why act on Kohlberg's moral judgments? (or how to reach stage 6 and remain a bastard)" also addressed the judgment/action controversy. He stated that this is not a single issue, but rather an extension of a long-standing debate by philosophers and psychologists which is based on Socrates's view that to be aware of good actions is to do them. The question arises, that if a person had made a judgment, how could it be determined if they would actually act on it? This point of disagreement also has been raised in discussions of research on the Ethical Judgment Scale (Van Hoose & Paradise, 1979). The present study focuses on the ethical judgments made and the reasons psychologists gave for their choices. The question whether the judgments made by respondents would be carried forward in appropriate actions is not a focus of this study, but a topic for further research.

A second major criticism of Kohlberg is that his theory does not take into account any processes other than cognitive ones. Kohlberg (1985) responded that moral judgments are accompanied by moral emotions. Judgments asserting a moral point of view would not develop without underlying emotions of sympathy, and respect for others and their viewpoints (p. 489). Thus for Kohlberg, these emotions are cognitively related in moral judgments. Hague (1990) also addressed this cognitive/emotional issue when he proposed that Kohlberg's 7th stage has clear implications for lower levels of development. The 7th stage gives rise to questions such as, "Why be moral?" "Why live?" (p. 6). Hague stated that empathy and the quality of feeling for others is similar to Kohlberg's sense of justice. These emotions have been developing concomitantly throughout the other stages, and were operating in earlier moral decision-making.

Gilligan (1982, 1988) examined the limitations of Kohlberg's (1969) stage theory of moral development, and concluded that developmental theory has not given an adequate emphasis to the concerns and experience of women. Based on her own research (interviews with women considering abortion), she found significant differences in women's moral development in comparison to men's. She found there was a tendency for individuals to focus and organize their experiences of conflict and choice in terms of a personal orientation of justice and caring. She found this tendency to focus was equally characteristic of both men and women, suggesting that individuals tended to lose sight of other perspectives in arriving at decisions about choices. Gilligan also found gender differences in the direction of this focus. Men tended to focus on justice while women focused on justice and care. This research determined the focus on care, although not characteristic of all women, was almost always exclusively a female characteristic. She concluded that men and women use different conceptual categories in moral reasoning and thinking. Gould (1988) critiques Gilligan's (1982) view of male and female normative ethics and suggests Gilligan's theory may "hinder rather than help, in hearing both female and male voices" (Gould, 1988, p. 411). Her critique stated that, although Gilligan's work did attempt to correct Kohlberg's (1969) theory of moral development, and did provide a new emphasis on female moral development, she erroneously interprets her data within a framework that is strongly influenced by psychoanalytic theory. Gilligan argues that because the primary care takers for girls, but not for boys, is a member of the same gender, it leads to gender differences in personality structures that produce general differences in moral reasoning. However, the confusion between cognitive-developmental and psychoanalytic theoretical perspectives invalidates Gilligan's findings in Gould's (1988) view.

Studies of moral development by Snarey (1983) and others have found that the sequence and trends in moral growth appear the same regardless of culture. Longitudinal data involving Eskimos and Kenyan Kikuya support the claim that moral judgment develops universally through an invariant, upward sequence of stages. Stage six is the only stage for which there is no clear supporting data.

The Ethical Judgment Scale (EJS) was developed to evaluate the ethical orientation of counsellors by measuring responses to 25 hypothetical incidents. These incidents are examples of dilemmas that counsellors confront in private practice. Five plausible responses are presented for each dilemma, and subjects must choose only one of them. Each choice reflects a different stage or level of ethical orientation (Van Hoose & Goldman, 1971). The overall level of ethical orientation is derived from the percentage of responses in the highest level.

Research studies attempting to measure ethical orientation of counsellors or counselling students using the EJS have provided only weak support for its construct validity (Paradise, 1976; Welfel & Lipsitz, 1984; Royer, 1985; Dormal, 1986). Royer (1985) and Dormal (1986) present strong arguments against the validity of the instrument, and also its theoretical base. In addition, the issue as to whether ethical orientation represents a construct different from moral reasoning is questioned.

Moore (1977) studied the relationship between Van Hoose and Paradise's (1979) stage model and Kohlberg's (1969) moral judgment stages. It was determined that, although there was not a strict empirical relationship, three of the stages did parallel Kohlberg's stages and Moore suggested further study for clarification. Studies explaining the developmental continuum characteristic show ambivalent findings. Vafakas (1974) found an inverse relationship between age and level of ethical orientation suggesting that older counsellors reasoned at lower stages, reflecting a punishment orientation, when confronted with ethical choices. Welfel and Lipsitz (1983b) developed controls in their study for level of training and, although they did obtain contradictory results, they cautiously suggested support of the relationship between the two theories. Welfel and Lipsitz (1983b) replicated Moore's study using the Defining Issues Test (Rest, 1979), and found a positive correlation between Kohlberg's stages and the degree of assistance to professional and social action groups. However, the results are not conclusive.

Vafakas (1974) categorized the ethical orientation of practicing community college counsellors employing the Ethical

Judgment Scale. Results indicated a trend for counsellors to deal with clients from the perspective of institutional goals rather than from those of the individual. The welfare of the individual was secondary and often ignored. There was a small positive relationship between age and the stage of ethical orientation, with younger counsellors choosing an individual or principled orientation more often than their older counterparts. The more experienced the counsellor was in counselling and teaching, the more frequently they selected its punishment and institutional orientation. In cases dealing with confidential information and legal concerns, the individual or principled stance was most often chosen. There were no significant relationships between the size or location of the colleges and the ethical orientation of counsellors.

The results of Vafakas (1974) showed the more experience counsellors had with individual and specific client problems, the more they became sensitized to client needs. For example, counsellors working with a relatively large number of cases involving drug abuse were more individual and client-oriented, while counsellors seeing fewer drug-abusing clients more frequently exhibited a punishment and principle orientation. Most of the counsellors in this study indicated that they were familiar with the American Personnel and Guidance Association

(APGA) code of ethics; however, the older the counsellor the more often this code was cited as helpful in making ethical and professional judgments. Overall, there was little consistency among counsellors in dealing with ethical-legal issues. The author concluded that it was questionable if counsellors' would respect a client's attitude very different from that of the institution or the counsellors.

Pace (1986) studied counsellors to determine if they held significantly different ethical orientations as measured by the 12 items of the Ethical Judgement Scale (EJS) (Van Hoose & Paradise, 1979). This research examined counsellor age, group, sex, ethnic background, educational level and primary work setting (private practice, high school, correctional facilities). The results found overall that counsellors' ethical discriminatory abilities were far more alike than different. Respondents most often chose the societal orientation with the focus on the interests of society first, with their second choice being individual orientation and its emphasis on the clients own interests. The researcher concluded that counsellors appear to be a "constituency of conservative professionals, well-hewn with a sense of responsibility to society as well as to the individual client" (p. 137). She suggests the agreement in counsellors' response may stem from similarities in counsellors' professional training, work-place rules and regulations, personal values or a combination of all of these elements.

Pace (1986) found significant differences between overall scores between men and women. While the overall mean score reflected a societal ethical orientation, the females' mean scores were significantly higher and tended toward the individual and next highest level of ethical judgment. From this the researcher suggested that female counsellors appeared to be more able to identify the most ethical solution to dilemmas. Significant differences were determined for six of the individual dilemmas in counsellor variables of experience, type of practice, age, gender, case and educational level. These differences are as follows:

1. Counsellors with less than 10 years experience tended toward working with a prison escapee while still encouraging him to turn himself in than more experienced counsellors.

2. Counsellors in correctional institutions were more likely to detain a juvenile offender and attempt to change the client's behavior than were private practitioners.

3. Younger counsellors under 40 years of age tended more than counsellors aged 40-49 years toward taking formal action against a counsellor who had sexually seduced a client.

4. Younger counsellors (under 40 years) were more likely to assist homosexual clients to understand the consequences of their

behavior, while counsellors over 50 years most often advised their clients their behavior was wrong and they would be found out.

5. In the dilemma involving a client dealing with a recent homosexual experience there were gender and racial differences. Women counsellors, in comparison to males, gave responses that were more ethical and complete. Non-whites counselled the client that their behavior was wrong more than white counsellors did.

6. On the dilemma involving drug abuse, master's level students chose to reinforce the client's concern over the danger of drug taking while urging him to quit. Doctoral students chose similar responses, but they also stressed helping the client understand the meaning of his drug dependency.

7. On the dilemma involving theft, master's-level students focused on why the theft occurred. Doctoral students most often chose a similar response, but also stressed that the theft involved the clients' own conscience as well as the counsellor's willingness to help this particular client.

Pace (1986) noted there is a need to replicate both her research and previous ethical studies, so the results can be compared and conclusions reached. She concludes with the recommendation that the counselling profession emphasize both descriptive and experimental research on the impact of demographic variables in ethical practice.

Another recent research strategy has focused on the relationship of moral development and empathy (Bowman & Reeves, 1987; Bowman & Allen, 1988). Foltz, Kirby, and Paradise (1989) studied the relationship between the stage of ethical orientation and the level of empathy. This study was also devised to attempt to gain an understanding of the effect of negative consequences and their influence on counsellors' movement along the developmental continuum. A modified version of the Ethical Judgment Scale (EJS) and Hogan's Empathy Scale (1969), consisting of 39 forced choice statements from the California Psychological Inventory, was used. Also, three sets of possible negative consequences resulting from the counsellor's decision were given for eight of the ethical dilemmas. This study determined that the ability to empathize was clearly related to higher levels of ethical decision-making. Counsellors with high empathy scores tended toward an Individual (stage 4) or Principled (stage 5) ethical orientation, while counsellors with lower empathy scores, made judgments from a Social (stage 3) or Individual (stage 4) focus. This research also confirmed that counsellors operating at the Principled level of orientation were most affected by negative consequences to the client resulting from their ethical decisions. The authors cautiously conclude that the significant positive relationship found between Van Hoose's and Paradise's (1979)

Principled orientation stage serves to further validate the EJS as a measure of ethical orientation.

This review of the literature has examined various methods of studying the ethical reasoning and ethical orientation of students and psychologists. Past research results are contradictory and inconclusive, but at the same time, researchers have underscored the potential and need for further studies in this area. My present research study's exploratory nature and focus on survey methods is derived from this review.

C. Counsellor Education in Professional Ethics

Programs

The explicit emphasis on ethical behavior of psychologists and their ethical decision-making is a relatively recent development. This does not suggest that psychologists were not concerned with ethical issues prior to the development of formal guidelines, but rather that concerns were handled informally in a less structured manner, often on an issue-by-issue basis as questions or problems arose. Similarly, the notion of teaching ethics to counsellor trainees in a formalized manner is an emerging focus. Formal ethics courses in graduate programs have been shown to be one potentially effective way to affect ethical behavior (Paradise, 1976; Baldick, 1980; Shertzer & Morris, 1972). The American Psychological Association's "Criteria for

Accreditation of Doctoral Programs and Internships in Professional Psychology" (1979) specifies that instruction in ethics and standards is required for sound training in professional psychology.

A review of relevant literature indicates an increased focus on formal counsellor education and training in professional ethics in recent years. An early study by De Palma and Drake (1956) found that few graduate psychology programs (10%) offered courses exclusively in professional ethics. The most frequent opinion given by respondents in this study was that ethics could be learned best when integrated into the general curriculum. This study also determined that the American Psychological Association code of ethics and journals were the preferred sources to assist in resolving ethical issues.

Jorgenson and Weigel (1973) found that 14% of approved American Psychological Association clinical and counselling psychology programs offered individual courses in ethics. However, by this time, 79% of these programs had integrated the study of ethics into other required courses. A movement toward an increased emphasis on formal ethics training was shown when Tymchuk et al. (1979) found that 67% of APA approved clinical psychology programs had separate ethics courses. However, of this number only 13% of the graduate programs required completion of an ethics course, and 42% required only clinical students to complete the course; for 13% of all students the ethics course was optional. Tymchuk et al. (1979) also pointed out that faculty members engaged in teaching graduate psychology programs in ethics were often disinterested in teaching methods or learning models.

Newmark and Hutchins (1981), following Tymchuk's et al. (1979) earlier research which concluded that ethics education had been neglected in graduate programs, decided to survey clinical psychology internship programs to determine if these programs had assumed the responsibility for ethics training. Programs listed in the Association of Psychology Centers Directory (1979-1980) were surveyed, and 79% did offer training in ethical standards. However, only 45% of these had a formal or systematic learning experience; the remaining 55% offered limited exposure through an informal basis as issues emerged in supervision. These researchers concluded that the majority of internship programs did not comply with the APA Criteria mentioned above. Newart and Hutchins (1981) raised a second issue of evaluating the effectiveness of training experiences. They determined that only 2% of the programs surveyed gave any type of examination at course completion. Evaluation was also exclusively based on supervisors' informal evaluations.

Baldick (1980) found that only 17% of pre-doctoral interns from APA approved clinical and counselling psychology programs had not been exposed to ethics training. Trautt et al. (1983) determined that 65% of doctoral programs required professional ethics courses. Paul and Stadler (1986) surveyed department heads and professors of American counselling psychology programs. They found that three-quarters of this group reported no formal course work in ethics. However, they found large differences among students depending on their decade of graduation. Seventy-eight percent of those who graduated in the 1980's reported formal course work in ethics. The participation rate for students graduating in the 1970's and 1960's was 26% and 16%, respectively.

This literature survey suggests a dramatic increase in the focus and availability of formal counsellor education and training in professional ethics in recent years, with a general trend toward providing formal ethics training experiences (Paul & Stadler, 1986; Newman & Hutchins, 1981). These studies also raise additional and pertinent questions: "Are formal ethics courses more effective in training counsellors than the more informal supervisory ethics education?" "How can this training be evaluated?" "What are the effects of ethics training on choices made by psychologists?"

Impact of Professional Ethics Education

The previously noted surveys of graduate training in clinical and counselling psychology have suggested that there are large gaps in the frequency and in the quality of ethical training. Vasquez (1988) in a recent review of methods and models of training noted that educators who support ethical training argue that exposure to ethical codes and standards is not all that is needed in training for ethical decision making. She noted that programs that train counsellors must both teach and protect, and she further argued that this dual responsibility is why formal training in the ethics of practice is becoming emphasized: for protection of the public and also for competency for graduate students. Vasquez (1988) stated the majority of the models surveyed emphasized the importance of a learning process for ethical reasoning and decision-making. She found some models (Ables, 1980; Haas, Malouf, & Mayerson, 1986; Rest, 1982; Pelsma & Borgers, 1986; Tennyson & Strom, 1986; Eberlein, 1987) emphasized various strategies and components for teaching ethics, while others emphasized a learning model (Block, 1960; Rest, 1984; Kitchener, 1986).

Rest (1984), based on his earlier (1983) literature review, concluded that the majority of research in the psychology of morality and ethics is dominated by a particular school of psychology, i.e., cognitive developmental, psychoanalytic, social learning. He proposed that morality is comprised of multi-faceted interconnections between cognition, affect, and behavior. Thus, for Rest, counselling training programs must go beyond the expertise provided by only research psychologists and become process and interdisciplinary oriented. He also stressed the importance of moral education programs, including practice and skill development in ethical problem solving, as well as familiarizing students with the moral dilemmas they will potentially encounter in actual practice. Rest emphasized that moral education encourages students to retain their ideals, as well as provide an environment encouraging clarification and strengthening of their moral opinion. A further discussion of moral education and development follows in the section on cognitive theories.

Paradise (1976) based his research on Kohlberg's (1969) developmental model of moral reasoning. He studied master's level counselling students using the Ethical Judgement Scale (EJS) in which the overall level of ethical orientation of the students was determined by the predominance of reasoning at any one stage. Results were found that graduate students exposed to principled levels of ethical reasoning tended toward a higher level of ethical judgment when contrasted with students not receiving training. The research hypothesis that formal ethics training did enhance ethical reasoning ability was confirmed.

Baldick (1980) studied pre-doctoral interns in counselling and clinical programs to determine the effect of ethics courses on their ability to make ethical judgements consistent with professional ethical codes. His research determined that interns who had completed ethics course work prior to their internship were better able to identify potential ethical problems than interns who had not completed coursework in ethics.

Goldman and Arbuthnot (1979) described the effectiveness of a course in ethical reasoning in pre-medical and medical school students. It was based on Kolberg's (1969) moral education model. Pre- and post-course measures were completed by the students to objectively evaluate the ethics course effectiveness. Results found 83% of the sample showed a positive movement of one-third stage or more involving both medical and non-medical ethical dilemmas while 17% showed no change. Goldman and Arbuthnot (1979) concluded that their data was compelling in that this study "elicited an almost universal upward movement in levels of moral reasoning" (p. 178).

In 1972, Shertzer and Morris surveyed members of the American Personnel and Guidance Association, and studied members' ability to discriminate the best ethical response to ethical situations drawn from the Ethical Standards Casebook (APGA, 1965). As expected, this study determined that the Association's members were able to discriminate appropriate ethical responses at a level significantly better than chance. However, in contrast to Baldick's (1980) later findings, members who reported completing a course in formal ethical codes and behavior did not perform as well as members without ethics training. While these results are confusing, they may reflect the right-wrong or black-white decisions often presented in casebooks more typical of the 1970's. Shertzer and Morris (1972) suggest that course work in ethics serves to "so sensitize the individual to matters of ethical concern that he can not respond well to the alternatives provided in the unsophisticated critical-incidents employed in this investigation" (p. 206). It should also be noted the authors surveyed experienced, practicing psychologists, in contrast to Baldick's later sample of pre-doctoral interns. The time elapsed between completion of ethics component and testing differed greatly in the two studies, and this difference may suggest that although ethics courses do have an initial impact on behavior it may be short-term in nature (Welfel & Lipsitz, 1983).

Handelsman (1986a) underlined the controversy surrounding graduate training in ethics when he stated "unfortunately, the continuing debate has often generated more heat than light"

(p. 24). His research was based on Tymchuk's et al. (1979) study. He used the Tymchuk questionnaire, only slightly modified, to survey directors of programs listed in Graduate Study in Psychology: 1982-83. Of the 252 programs surveyed, 29% reported having a formal course in ethics, 47% taught ethics as part of some other formal course, and 11% reported less formal formats such as discussion during practicum, supervision and internship. Of the 29% (84) formal courses, 76% were required of all graduate students or all clinical/applied students. It is interesting that 57% of the respondents felt that ethics could best be taught by means other than in a formal course, such as during supervision. Handelsman (1986a) contrasts this view with earlier studies (Baldick, 1980), and concluded there is a need to reconceptualize ethics as a skill that needs to be explicitly developed.

Zahner and McDavis (1980) measured the effects training programs had on professional graduates and trainees in counselling programs in comparison to paraprofessional trainees concluding their programs. Moral development was assessed using the Defining Issues Test (Rest, 1974a). The responses were categorized by stages of moral development after Kohlberg (1969). The results indicated show that professional counsellors and trainees had greater cognitive skill in moral development than paraprofessional counsellors. Results showed that training for both the professional and paraprofessional groups had minimal influence on moral development of current or past students. These results are in contrast to the earlier noted findings of Baldick (1980) and Shertzer and Morris (1972).

Granum and Erickson (1976) studied the effects that a teaching module focused on confidentiality issues had on master's and doctoral level counselling students. They found as the students progressed through the module they became less willing to disclose confidential information, which is behavior considered consistent with professional ethical codes. The researchers concluded that exposure to instructional materials did have an effect on ethical judgments.

Fine and Ulrich (1988) concurred with Rest's (1984) emphasis on the importance of focusing on ethical reasoning in graduate training programs. Fine and Ulrich also stated that ethical courses ideally must also include a philosophic component, presentation of case studies, critical analysis and application of ethical principles to selected clinical cases. Further they note three examples of innovative approaches to teaching graduate level ethics courses: Eberlein's (1987) problem solving method, Black's (1980) approach using input from moral philosophers, and Abeles' (1980) value confrontation technique.

Although all of the previously noted studies reported a positive or minimal effect resulting from the formal learning approach in ethics, the actual meanings of these findings is uncertain given the incompatibility of samples and research methods. Some of the above studies surveyed clinical psychology programs, some combined both clinical and counselling programs, while others used the more general designation of professional psychology programs. There are also major difficulties arising from the lack of reliability and validity in the instrumentation used, and thus, the data must be approached with caution. However, given the trend toward formal ethics coursework in counselling education and training, and the dearth of empirical data to clearly substantiate results, the effects of ethics training on ethical practice clearly needs further investigation. The answers to the questions raised earlier in this review remain unclear: "Does formal training in ethics have an effect on actions chosen in ethical dilemmas?" "Does formal training have an effect on level of moral reasoning?"

Supervision

Some of the research and literature previously reported suggested that ethics may be best taught in an informal context. Further to this view, ethics education can be addressed when ethical issues are raised during supervision, by utilizing actual work with clients, in case discussions, and in case conferencing. Therefore, I conducted this review of ethical training in supervision.

Handelsman (1986) challenges the view that ethics is best taught in the context of supervised clinical work, or "osmosis" (p. 371), rather than as formal course work. He compares the debate between informal and formal ethics education as parallel to the earlier debate of the apprenticeship model of psychotherapy versus the now current recognition of academic courses in therapeutic theory and techniques.

Upchurch (1985) surveyed professional journals and found only three articles that directly related to an examination of ethical issues within supervision. These articles dealt with the standard for competency of supervisors (American Psychological Association, 1971), sexual behavior between the supervisor and the student (Pope, Schover & Levinson, 1980), and a wide range of ethical issues in therapy supervision (Newman, 1981). Upchurch (1985) concluded her review article by stating that clear ethical standards for the supervisory process are needed to protect those involved: the client, the supervisee, and the supervisor.

Hess and Hess (1983) surveyed American Psychological Association accredited doctoral internships. They determined that the most commonly employed method of supervision was individual one-on-one, supervision seminars using audiotapes and videotapes, and group supervision conducted by one supervisor and several students. Hess and Hess (1983) concluded their study by noting that, although supervision was found to represent one-fifth of clinical psychologists work time, they were unclear as to their methods of evaluating students and of evaluating the supervision itself.

Cormier and Bernard (1982) noted that the trend toward accountability in the provision of counselling services as clients become better informed has strong implications for supervisors. Slovenko (1980) notes that the increase of third-party payments has sharpened the issue, and he warns that if this trend continues litigation involving supervisors and the question of their accountability may become the lawsuit of the future (p. 468). The following excerpt is an example of ethical dilemmas encountered in supervision:

Vignette 1: J. Jones, a single counsellor education professor, is told by K. Adams, a single female graduate student in one of his classes, that she finds him very attractive. She then invites him to her home for dinner.

Vignette 2: J. Smith, a student and advisee of counsellor educator M. Thompson, is taking a group dynamics course from her this semester. He believes that participation in the course has triggered his desire to work on some issues in his personal life. He approaches Dr. Thompson to be his counsellor.

Vignette 3: Counselor educator F. Rogers suggests an idea for a research study to graduate student P. Collins. Ms. Collins carries out the study and submits a paper describing it in order to meet a requirement in Dr. Rogers's class. Dr. Rogers later decides that with some revision this paper could be publishable. He spends many hours revising the paper so that it is suitable for publication. When he submits it, he lists himself as first author.

Vignette 4: Counselor educator A. Johnson is serving on C. Young's dissertation committee. Ms. Young, who is a training director at a major business in the community, offers Dr. Johnson a lucrative consulting contract with her company. (Roberts, Murrell, Thomas, Clanton, 1982, p. 8).

These vignettes demonstrate some of the dilemmas impacting supervisors in terms of dual relationships. APA Ethical Principles of Psychologists (1981) stated:

> Psychologists should make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of dual relationships include, but are not limited to, research with

and treatment of employers, students, trainers, close friends, or relatives (p. 636).

Roberts, Murrell, Thomas, and Claxton (1982) surveyed non- administrative faculty members in counsellor education programs at institutions in the Southern Association for Counselor Education and Supervision (SACES). They found that the APGA Ethical Standards do not provide clear guidelines for resolving ambiguity. The results found that the counsellor educators in the sample were somewhat divided as to what constitutes ethical, or even desirable behavior in regard to interaction between faculty and student. The majority (73%) felt it was ethical to have nonsexual relationships with students, while less than one-quarter (21%) viewed close relationships with students in their classes as unethical under any circumstances. A small group (7%) believed that noncoersed, sexual relationships with students was in accordance with ethical standards.

Only 66% of the counsellor educators stated they were very confident of their understanding of the APGA standards. If educators are not clear as to ethical standards, they will be unable to adequately inform and teach students the ethical standards of the profession. There is also disagreement among professionals as to what actually constitutes ethical behavior. Handelsman (1986b) concluded his earlier noted study when he proposed that there is a need for formal ethics courses. He suggests that space in the curriculum for an ethics course can be made by dropping a core course such as perception or learning, which he views as less important to the overall practice of psychology. He poses the question of whether it is ethical to train people to do a variety of skills without training them to perform them in an ethical manner (p. 371).

In summary, the previously noted research on the role of the supervisory process as an adequate method of teaching professional ethics does not appear promising, and it appears more appropriate to focus on formal ethics training. If so, it becomes imperative to determine whether formal training in ethics does indeed have an effect on ethical reasoning or behavior.

The study which follows is derived from the literature and research review of attitudes and behaviors of psychologists with an emphasis on understanding how ethical decisions are reached. The impact of ethics training on counselling students and the implications for training counsellors are also matters addressed.

CHAPTER III

METHODS AND PROCEDURES

This study investigates ethical choices and reasons for choices by practicing Chartered Psychologists in Alberta. The focus of this study is on the relationship between ethical choices and the reasons for these choices, and various professional and demographic characteristics. The impact of formal ethics training on choices, and the identification of the resources psychologists use to assist in ethical dilemma resolution were also explored. Literature previously cited in Chapter 2 noted relatively few research investigations into ethical decision making and the effect of graduate training programs in ethics. This study was designed to address these problems. A number of interrelated research questions and hypotheses were generated.

The design of this study involved surveying practicing psychologists and graduate students about ethical choices and the reasons for these choices. In this chapter the population is described, the method of sample selection, the research instruments employed, and the procedures used in the present investigation are presented. The pilot study, the department ethics committee review, the research questions and the proposed data analysis are also addressed.

Research Design

To adequately analyze the problem selected for the study, a multi-phased approach was used. The first phase involved testing the instruments through a pilot study. Secondly, graduate students were tested, and retested after the completion of an instructional module on counsellor ethics. Thirdly, the major study component, the survey of psychologists, was implemented. Professional and demographic background information was requested, and the resources psychologists use to assist in solving dilemmas were explored. Psychologists who had volunteered for a survey completed a second set of questionnaires to provide information about the instruments face validity and content validity.

Pilot Study

A pilot study was conducted to determine if the test administration procedures were clear and concise, and to check on the effectiveness of the questionnaires. The pilot study also provided experience with the data analysis procedures. Five Ph.D. students enrolled in a doctoral course in the Theory and Practice of Counselling were tested during classroom time. All of the students had actual counselling experience, with most having been previously employed as psychologists. These students were given an explanation of the purposes and objectives of the pilot study and of the survey. They were asked for feedback in terms of comments after they completed the test instrument. After discussions with these students and other colleagues, a research decision was made to expand the ethical dilemma questionnaire to solicit a broader range of answers by including (a) the reason for choosing, and (b) the reason for not choosing each of the responses presented to the ethical dilemmas. The range of responses available was expanded by requesting a brief written statement after each item. It was anticipated this would encourage respondents to more thoroughly consider each choice and discourage a quick random checking of items or choosing items on the basis of social acceptability. It also was anticipated the expanded answers would afford greater insight and aid in interpretation of the data. This was an important factor as only 10 dilemmas were used in this study. The additional information collected served to add to the credibility of the study, and perhaps increase the actual validity of the responses given by the psychologists and students (Pace, 1986; Smith, 1975). The codification of write-in responses, except for the category of other, was not included as a part of the data analysis.

Graduate Student Sample

Thirty-seven graduate students enrolled in the Educational Psychology Master's level Counselling Theory and Practice at the University of Alberta comprised the student survey group. Their age ranged between 21 and 49 years with a mean age of 32.2 years. The students were tested before and after they took the module entitled Ethical, Legal and Professional Issues for Psychologists. This unit covered three weeks, or fifteen and one-half hours, of class-time. The goal of the course was to " . . . assist students in articulating an awareness of ethical problems and to gain the problem solving skills needed to resolve the ethical dilemmas faced". The course focused on a " . . . case study and problem-solving approach to the ethical, legal, and professional issues of concern . . . such key issues as consent, confidentiality, competence, record keeping, testing, dual-relationships, and therapeutic techniques." A second goal of the unit was to sensitize students to issues as they arose over the full academic term (Appendix B).

As a result of the pilot study, test administration, examination of the data, and discussions with university research and statistical analysts, it was concluded that the instruments, as adapted, were ready for use.

Ethics Committee

The abstract of the proposed study, copies of the test instruments and the required forms were submitted to the Research Ethics Committee, Department of Educational Psychology, University of Alberta. Approval was obtained prior to the collection of data for the final study. Consent was granted to use the instruments to obtain responses to hypothetical counselling situations, and this consent indicated that the research procedure proposed did not pose any harmful risks for the respondents.

General Study Design

Population

In 1989 the Psychologists Association of Alberta (PAA) had a total membership of 1,672 with 1,429 being Chartered Psychologists (Appendix C). Chartered Psychologists are defined as: having completed at least masters level education in psychology or a related discipline and, after 1987, completion of chartering exams. The number of Chartered Psychologists includes 308 Chartered Psychologists who are living outside the country or in another province. Thus, for this study the total population was defined as 1,121 Chartered Psychologists practising in Alberta. This membership includes professionals in various specialties, including clinical, school, adults, career, families, males, females, and youth. Some eight PAA special interest groups reflect these and other specializations and areas of concentration (Appendix C). In addition, many PAA members are active participants in the Canadian Psychological Association, Canadian Guidance and Counselling Association, as well as the American

Psychological Association and various international associations and interest groups.

Psychologists Sample

The data for this study was gathered through the use of a research survey. Research survey methodology was chosen as it provides a wide range of information, while at the same time being economical in terms of cost and time. Another advantage of this design is that questionnaires yield more comparable data than interviews, as each respondent receives the same set of questions phrased in exactly the same way. A decision to use a single-group, single-observation survey design was made (Smith & Glass, 1987). Questionnaires when administered to a randomly drawn sample can explore interrelationships among specific variables, and the sample selection permits some generalization. The sampling procedure was designed to ensure random selection to represent, as closely as possible, the target population (Ferguson, 1971). The sample was delimited to subjects who volunteered to participate in this study. Respondents were selected from a list of 1,121 Chartered Psychologists provided by the Psychologists' Association of Alberta. The list was divided into individual names, and these put into a drum. Subjects were then selected one at a time (Haber & Runyon, 1973, p. 181). The total sample, a one in four ratio, was comprised of 281 Alberta

Chartered Psychologists. Gender and place of residence were two variables anticipated to be of importance in this study, and thus an inspection of the actual sample chosen was carried out to determine if the proportions of male to female, and urban to rural psychologists, were generally representative of the population as a whole. The sample chosen did approximate the population on these two factors, and the research continued.

Sampling Procedures

The research survey was mailed first class to the sample of 281 (n=281) randomly selected Chartered Psychologists. The survey was accompanied by a covering letter briefly outlining the study and the importance of research in ethics (Appendix A). The covering letter asked the respondent to " ... kindly take time to complete the questionnaires and return it in the postage-paid addressed envelope." The survey package included six items: the ethical dilemma questionnaire, the ethical orientation checklist, two pages of information entitled Sources of Information and Professional and Demographic Background, and a return address sheet to be checked if they wished a summary of results. The instructions for the two questionnaires were attached to the first page of each. A postage paid addressed return envelope was enclosed to encourage responses, and to enable coding of returned questionnaires, so that they could be struck off the master list when surveys were returned. The list of code numbers was kept separate, so that anonymity of the respondents could be assured.

Psychologists were also asked to participate in the test-retest reliability evaluation of the ethical dilemma questionnaire by checking the appropriate box on the address label sheet. The letter stated:

> I am also attempting to evaluate the Haas questionnaire which was used extensively in his research with American Psychologists. If you would be willing to participate in this test-retest reliability check please so indicate on the address label sheet . . . and you will receive a second copy of the questionnaire in about a month.

The researcher concluded by requesting respondents' cooperation, and thanking them in advance for helping to complete this study.

Three follow-up letters (Appendix A) spaced at four week intervals were sent to respondents when their surveys were not returned. Thus, the sample was surveyed over a four month period. This procedure was carried out to ensure maximum return of questionnaires, and to allow respondents sufficient time to complete the survey.

Table 1

Number of Surveys Mailed and Response Rates by Psychologists

Population	Number Mailed	% of Total	Number of Responses	Response Rate
over 60,000 Calgary & Edmonton Males (142) Females (97)	239	85	87	36.40
60,000 and less Males (23) Females (19)	42	15	12	28.57
TOTAL	281	100	99	32.49

A return rate of 32.49% was received (Table 1) and was judged to be sufficient to continue with this research (Kerlinger, 1973). Six of the original letters were returned with a notice "return to sender, not at this address." Four surveys were refused and returned with notations including: "Sorry, I do not wish to complete these questionnaires or participate in the study." One survey was returned as the psychologist had died. Six psychologists returned questionnaires with comments such as: "Although I maintain my chartered psychologist status, I do not counsel or practice therapy or do assessments. It is not appropriate to answer your questionnaire." Three respondents replied they were too busy and wrote: "I am sorry I cannot do these questionnaires at this time. It takes a lot of time to do it and I have a lot of cases right now." However, when telephoned later they agreed to complete the survey if questionnaires were resubmitted several months later. Six psychologists received the first or second follow-up letter, but not the original package and surveys were remailed.

A number of encouraging comments were received, and a keen interest was expressed in the survey, and in the ethical research area in particular. Some respondents said they had enjoyed the experience of completing the questionnaires. One respondent replied:

I enjoyed answering the questions, and the process of examining my own values and orientations was definitely worthwhile. This is an area which I feel is definitely lacking in our Graduate Programs, and is not even discussed or reviewed well enough in practical settings. I hope your research goes well and look forward to reading the results of your research. Good luck."

Procedures

The Ethical dilemma questionnaire and Ethical Orientation Checklist were administered in a classroom setting by the researcher. Students were given 45 minutes of class time to complete the questionnaires, and they were instructed to write in an identifying code (such as mother's family name), so that responses could later be matched to the retest given at the end of term. The two questionnaires were readministered seven months later to the same group of students on their last day of class. The number of students in the first student sample (n=37) is not equal to the post-test group (n=31). Some students dropped the Counselling Theory and Practice course, while others did not attend the last class when the data was collected, and could not be reached later by telephone.

Instruments

The test instruments used in this study were:

1. Ethical Dilemma Questionnaire to examine the choices Chartered Psychologists make when faced with ethical dilemmas in practice.

2. Ethical Orientation Checklist to assess the ethical orientation and the reasons for the choices made by respondents.

3. Demographic Questionnaire to examine the professional, experiential, and demographic characteristics of the sample and to determine if any of these variables are related to choices or reasons psychologists identify.

4. Sources of Information Questionnaire to rate the usefulness of the sources utilized by psychologists in resolving ethical dilemmas.

Each of these instruments will be reviewed in turn, together with validity and reliability data where available.

1. Ethical Dilemma Questionnaire

This questionnaire is comprised of 10 vignettes each representing a professional ethics dilemma (Appendix A). It was used in this study to answer the first research question: "What are the choices to ethical dilemmas that chartered psychologists make?" The vignettes were compiled by Haas et al. (1986; 1988) from actual case material with the 10 dilemmas drawn from a pool of approximately 150 vignettes described by students and participants at professional ethics seminars and workshops. Each ethical dilemma was chosen to represent at least one of five categories covering a wide range of professional dilemmas: confidentiality, informed consent, conflict of loyalty, exploitation, and "whistle-blowing" (Haas, 1985). All of the vignettes presented situations in which more than one alternative was consistent with ethical principles, rather than a right or wrong answer demonstrating only awareness of ethical statements. For every vignette alternate ways to answer were given. In three of the vignettes, two alternative answers were given; in six vignettes, three alternatives; and in one case, four alternatives were presented. As noted earlier in this chapter, to encourage respondents to think through each of their answers, and to gain additional information in this study, each of the vignettes were expanded to include (a) the reasons for choosing, and (b) the reason for _not_ choosing each of the responses presented in each ethical dilemma.

The data from this questionnaire consists of one forced choice response for each of the 10 vignettes. Verbal comments were not quantified, but were used to provide further insight into the rationale for the selection of each item.

Validity and Reliability

There is no validity or reliability information on the Haas Ethical Dilemma Questionnaire, as it was not intended for use as a measure of an underlying construct. Haas, in a personal communication March 1989, stated that a panel of three psychologists (who were colleagues) judged each of the vignettes to be an example of actual dilemmas encountered in practice. They also determined that the 10 vignettes covered a range of the major ethical issues generally found in private practice. A consensus as to the appropriateness of responses for each of the vignettes was determined by the ratings of the same three expert judges.

In order to extend and add to the limited reliability and validity data, the ethical dilemma questionnaire was further tested in this study. The investigator discussed each of the vignettes with eight psychologists and researchers. They generally agreed that the questionnaire items did represent an accurate and realistic view of ethical dilemmas and response options that are encountered in actual psychological practice.

Fifteen of the original sample of chartered psychologists volunteered to assist in test validation. The test-retest method of reliability was used. The test was administered twice to this sample of 15 at the time of the first survey, and again three months later. The results show the degree of agreement between the two tests is high, ranging from 100% to 84.5% agreement with an overall mean of 73.5% (Appendix C). Thus I concluded on the basis of these results, that the Haas (1985) ethical dilemma questionnaire is a reliable measure. As noted earlier, Haas (1985) determined that his questionnaire was valid. This study found there was a consensus by the eight psychologists asked to rate the questionnaire. They determined that it represented actual dilemmas and appropriate response options found in actual practice.

2. Ethical Orientation Checklist

This self-report checklist reflects the underlying rationale used in solving ethical dilemmas (Appendix B). The respondents were instructed to complete this instrument immediately after the Ethical Dilemma Questionnaire. Van Hoose (1971) defined ethical orientation as the dominant state (or stage) that is reflected in a counsellor's or helper's ethical judgment. Van Hoose and Paradise (1979), strongly influenced by the work of Piaget (1965) and Kohlberg (1969), developed the Ethical Judgment Scale (EJS) to assess the stages of ethical orientation. They conceptualized the ethical choices of counsellors as arranged along a developmental continuum. They denoted five qualitatively different stages of development reflecting the rationale which underlies the continuum of ethical reasoning on which basis ethical judgments are determined. Movement is from the punishment (lowest), I, to principled (highest), V, with Stage V representing the principled level of ethical thought. Responses are classified from one to five according to the stage reflected. As most subjects do not function only at any one level, the mode, a general level of functioning is computed. This score reflects the respondent's predominant mode of ethical judgment (Van Hoose & Paradise, 1979). As noted earlier, for the purposes of this study, the assumption has been made that the five stages are continuous in nature, and numerical values of one to five were assigned to each of the stages (stage 1 = 1). A frequency distribution was calculated to indicate the predominant ethical orientation for each respondent. The five stages and their numerical values are described as follows:

Stage I - a punishment orientation response in which right or wrong is defined totally by punishments and rewards present in the environment = 1.

Stage II - an institutional orientation in which adherence to the organizational rules and policies are closely followed = 2.

Stage III - a societal orientation reflects the concern for responsibility and social welfare in contrast to the individual = 3.

Stage IV - an individual orientation more internally controlled with emphasis on concern for the needs or what is best for the individual = 4.

Stage V - a principal orientation which reflects a totally internal modality and emphasis on the respondent's own conscience or principles of conduct with little regard for legal, professional, and societal consequences = 5.

Validity and Reliability

Research assessing ethical orientation has been largely in terms of the Ethical Judgment Scale (EJS) developed by Van Hoose (1971). EJS reliability and validity data are limited. Research studies attempting to test counsellor or counselling students using the EJS, have provided only weak support for its construct validity (Paradise, 1976; Welfel & Lipsitz, 1984; Royer, 1985; Dormal, 1986). Royer (1985) and Dormal (1986) present strong arguments against the validity of the instrument, although Dormal did find support for content validity. However, studies such as Welfel and Lipsitz (1983) predict that with the current increase in interest in the ethical field, and with its continued use, they predict the EJS will evolve and become a more robust instrument.

An examination of Buros' Eighty Mental Measurement Yearbook (1978) and Tests in Print II (1974) reveals no other appropriate measures to assess ethical judgment. The APGA Ethical Standards

Casebook (1982) is one measure intended to assess counsellor ethics. However, there is no available research for the casebook's reliability or validity, or any rationale given for the underlying framework on which ethical decisions are based. Therefore, the Ethical Orientation Checklist (EOC) was deemed the best available option, and adopted for this study.

To add to reliability information on the Ethical Orientation Checklist, further testing of this instrument was carried out in this study. The test-retest reliability method was used. The checklist was readministered to the sample of 15 psychologists at the same time they completed the second trial of the ethical dilemma questionnaire. Thirteen of this sample of psychologists completed the second EOC. The results show the degree of agreement between the two tests was not high ranging, from 77% to 31% agreement with an average agreement of 54.9% (Appendix C, Table 12). The highest agreement was for three dilemmas: confidentiality concerning a minor, and in marriage counselling, and duty to protect from clients' endangerment. Thus, we can conclude on the basis of these results the Ethical Orientation Questionnaire has little reliability.

3. The demographic data

This questionnaire was designed by the researcher to collect demographic and professional data including: gender, age, education, current employment setting, number of years experience as a chartered psychologist, and primary service focus including the percentage of total time spent per week on each service (Appendix B). The questionnaire takes approximately five minutes to complete.

4. Sources of information questionnaire

This questionnaire asks participants to rate the usefulness of each of the listed sources of information they have used to assist them in resolving ethical dilemmas (Appendix B). The questionnaire was adapted from those of Haas et al. (1988) and Pope, Tabuchnick and Keith-Spiegal (1987). Eleven potential resources are listed, including graduate program, internship, colleagues and continuing education programs. Participants are asked to rate the quality of each resource used on a 5-point Likert scale ranging from 5 (excellent) to 1 (inadequate). Respondents are also requested to note the length of their training or contact with each of the resources checked (days, months, years). This questionnaire required approximately 15 minutes to complete.

Data Analysis

The present investigation sought to study ethical choices, the reasons for these choices, and the relationship of various professional experiential and demographic variables to these choices. The effect of formal ethics training and the identification of sources of information in solving dilemmas were also explored. A variety of statistical analyses were applied to the relevant data and each research question.

Research Question 1: How will choices made by Alberta Chartered Psychologists to a series of ethical dilemmas compare with those made by American practicing psychologists?

This question addresses the ethical choices made by Alberta psychologists to a series of ethical dilemmas compared with those made by American practicing psychologists. Descriptive statistics were used for comparison purposes and to describe the choices of the respondents in this study. Percentages of agreement for each dilemma were computed. The data from the category of "other" for each dilemma was also categorized.

Research Question 2: What are the relationships between ethical dilemma resolution choices and the following personal, experiential, and professional factors: sex, age, education, years in practice, primary service focus, urban/rural residence?

Selected demographic data were collected to address questions related to the literature review. In order to study the relationship of each variable and the ten ethical response choices, Chi-square tests of independence were computed from the data.

Resource Question 3: Is there a relationship between ethical choices and reasons for these choices?

This question assesses the relationship between the ethical choices psychologists choose for the ten ethical dilemmas, and the reasons they gave for each of these choices, as measured by the Ethical Orientation Checklist. Also, Chi-square tests of independence will be computed from the data to describe the relationship between ethical issues and ethical orientation.

Research Question 4: What is the ethical orientation of psychologists and is it consistent across ethical dilemmas?

The reasons given by Alberta psychologists are measured by the Ethical Orientation Checklist. Each of the reasons chosen represent a developmental reasoning stage ranging from five to one. From these scores, frequency data including percentages, means, standard deviations, and modes were computed for each of the ten ethical dilemmas.

Research Question 5: What are the relationships between ethical orientation and the following personal, experiential, and professional factors: sex, age, education, years in practice, primary service focus, urban/rural residence?

Selected demographic data were collected to address questions related to the literature review. The one-way analysis of variance was used to test for differences both for overall and individual dilemmas in level of ethical orientation, and demographic factors of age, years in practice, and the client as primary service focus. The Scheffe method of multiple comparison was applied to the test results. T-tests were used to test for differences in mean level of ethical orientation and psychologists' characteristics of sex, education, urban/rural residence, and primary service focus.

Research Question 6: What are the most important resources utilized by psychologists in resolving ethical dilemmas?

This question assesses the results of the sources of information questionnaire. This questionnaire lists ten resources used by psychologists in solving ethical dilemmas.

These resources were rated in terms of the usefulness of each of the resources and responses range from inadequate (1) to excellent (5). Frequency distributions (including percentage of responses), means, and standard deviations were computed. The data from the eleventh response category "other" was also analysed.

Research Question 7: Does formal ethics training have an effect on actions chosen in ethical dilemma resolution?

This research question evaluates the effect of ethics training on ethical decision making. Graduate students completed the Haas (1985) ethical dilemma questionnaire before taking the module in the ethics, and again immediately after the module's completion. Descriptive statistics were used to describe the students' choices pre- and post-test. Percentages of agreement for each dilemma for both trials were computed. Changes from trial one and trial two were noted.

Research Question 8: Does formal ethics training have an effect on level of ethical orientation?

This question addresses the effect of ethics training on ethical reasoning. Each of the reasons chosen represents a developmental stage ranging from one to five. The graduate students completed the Ethical Orientation Checklist before the commencement of the ethics module course, and again immediately after completion of the module. Descriptive statistics were used to describe the students' choices pre- and post-test.

Summary

This chapter described the samples, the procedures and data analysis for each of the eight research questions. The questionnaires used in this study have been described together with the rationale for their use, and their validity and reliability outlined. The next chapter notes each research question and the results of the data analysis for this study.

CHAPTER IV

RESULTS

Introduction

The major purpose of this study was to examine ethical choices and ethical reasoning of practising chartered Psychologists in Alberta. The focus is on the relationship among ethical choices, the reasons for such choices, and the various professional experiential and demographic characteristics of the psychologists in the sample. The effect of ethical training on choices and the identification of the resources psychologists use to assist in ethical dilemma resolution were also explored.

This chapter addresses each of the research questions and presents the data analysis and the results determined for each of the questions. Data presented in tabulated form are in Appendix C and D. Descriptive statistics of the sample of psychologists and the graduate student sample are also provided.

Descriptive Statistics of Psychologist Sample

As the parameters of the sample were defined as Chartered Psychologists, students and associate members were not included in this study. A random sample of 99 Alberta Chartered Psychologists who had completed at least Masters' level education in psychology or a related discipline, and (after 1987) completed chartering exams, were surveyed. Table 2 outlines the characteristics of the sample. The median and mean age of the 99 subjects was 44 years (SD .798). The youngest subject was 29 years of age and the oldest 65 years. The psychologists were relatively evenly divided on the basis of sex with 48 females and 51 males responding.

Seven-eighths of this sample were urban residents. The largest number of psychologists (59.6%) had completed a masters degree while a smaller percentage had completed a Ph.D.

In terms of professional experience as a psychologist, the mean years of experience was 11.2 (SD .721). This high experience factor is related to the mean age of the sample ($\bar{x}$ = 44 years). The level of education was relatively high for the general population. However, given the professional status of the subjects and the mean age of the sample, the results were as expected.

The primary service focus for over one-half of the chartered psychologists was client focused, with a lesser number engaged in management, teaching, consulting, and research and evaluation. An analysis of variance was conducted to test for significant differences between the psychologists' years of experience and their primary practice focus. The results determined that experience as a psychologist was significantly related to working

Table 2

Characteristics of the Alberta Sample of 99 Chartered Psychologists

Characteristics	Statistic
Highest Degree (%)	
Ph.D.	40.4
Masters	59.6
Primary Service (%)	
Client	62
Management	16
Teaching	9
Consulting	6
Research and Evaluation	4
Residence (%)	
Urban	78.8
Rural	21.2
Mean Age (years)	44
Mean Experience	11.2
Sex (%)	
Female	48
Male	51

directly with clients (F[2/92]=3.0074; p=.0216). Psychologists who reported that the client was not their primary service focus, were found to have significantly more experience than the psychologists who reported that from one to 100 percent of their professional time focused on clients.

The results of this study will be compared with an American study of practicing psychologists conducted by Haas, Malouf, and Mayerson (1986; 1988). The median age for the Haas study was 45.7 years with 30% of the respondents being female and 70% male. Overall, the sample worked largely in private practice (67%), and was largely comprised of Ph.D.-level practitioners (98%), having had substantial experience.

Descriptive Statistics of Student Sample

The graduate students in this study were all enroled in the Masters' level course in counselling at the University of Alberta. The chronological age range of the sample of 37 students ranged from 21 to 49 with a mean chronological age of 32 (Appendix C). The ratio of females to males was uneven with 86.1% of the sample female and 13.9% males. These figures differ from the proportion of women to men in the sample of psychologists in this study (48.5% women; 51.5% men) and in the population of Chartered Psychologists (44% women, 56% men). With regards to education, three-quarters of the sample (75.7%) had completed undergraduate degrees while 24.3% had completed Masters and further course work in graduate studies. Over one-half (59.5%) of the graduate students had some experience as a counsellor, the rest (40.5%) did not.

The data for each of the eight research questions will be presented in the next section beginning with question one.

Research Question 1: How do choices made by Alberta Chartered Psychologists to a series of ethical dilemmas compare with those made by American practising psychologists?

Table 3 presents ethical choices made by the sample of 99 Alberta psychologists in this study and the sample of 294 American psychologists reported by Haas et al. (1986; 1988). The percentage of psychologists selecting each of the alternatives are reported in the same order in which the dilemmas were presented. A review of Table 3 indicates that on four ethical issues, there is substantial agreement between the two groups in terms of percentages of the sample choosing similar options. This is true for vignettes which involve dual relations (exchange of services with a client), professional standards (sexual misconduct by another therapist), duty to protect from client's endangerment, and area of minimal professional competence (referral to non-respected therapist). One confounding choice other was frequently chosen by Alberta Psychologists, and is a potential

Table 3

Vignettes - Ethical Issues and Choices Presented in Questionnaire and Percentage of 99 Alberta Psychologists and 294 Haas Respondents Endorsing Each Choice

Ethical Issues and Choices	Alberta	Haas
1. Confidentiality with minor		
A. Break confidence	21	24
B. Keep confidence	21	72
C. Other	58	5
2. Confidentiality in marriage counselling		
A. Refuse secrecy	21	30
B. Maintain secrecy	22	65
C. Other	57	5
3. Advertising affecting professional image		
A. Talk to psychologist involved	36	25
B. Report to professional association	25	42
C. Do nothing	18	33
D. Other	20	0
4. Area of minimal professional competence		
A. Accept client without question	2	5
B. Discuss qualifications before accepting client	66	49*
C. Refer to another psychologist	66	49*
D. Other	14	1
5. Professional relations: Referral to non-respected psychologist		
A. Refer	4	7
B. Refer but indicate reservations	5	14
C. Refuse to refer	50	79
D. Other	41	1
6. Dual relations: Exchange of services with clients		
A. Agree to exchange	11	7
B. Decline offer	78	93*
C. Other	11	0

7. Professional standards: Sexual misconduct by another therapist		
A. Discuss feelings with client	0	10
B. Call therapist--discuss behavior	3	18
C. Tell client about right to bring charges	44	57*
D. Call ethics committee	11	14
E. Other	42	0
8. Duty to protect from client's endangerment		
A. Contact without informing client	16	8
B. Plan to discuss with client during next session	0	5
C. Inform client of duty to warn victim	66	87*
D. Other	18	1
9. Reporting of client sexually abusing child		
A. Report client to authorities	35	25
B. Encourage wife to report abuse	25	60
C. Reflect wife's concern but without taking action	0	11
D. Other	39	4
10. "Fudging" diagnosis affecting client's financial future		
A. Inform client of risks in giving diagnosis indicated	29	50
B. Diagnose client as indicated	29	30
C. Give "milder" diagnosis	6	18
D. Other	36	1

* Substantial agreement between Haas and Alberta psychologists.

source of information, even though it can not be quantitatively categorized. The implications of this category will be discussed in Chapter V.

The amount of agreement or concordance that can be found among psychologists responding to a particular ethical issue is shown in Table 3. Haas et al. (1986; 1988) using a criteria of 75% concordance found high agreement among three items: professional relations (referral to a non-respected psychologist), dual relations (exchange of services with client), and duty to protect from client's endangerment. Compared with Haas and using a similar criteria, this study found only one such agreement, that being whether or not a psychologist in lieu of payment whould exchange professional services with a client. However, if one reduces the required criteria to 49% agreement, an additional five dilemmas stand out: counsellor competence in providing therapy, danger to third parties, confidentiality when working with minors or in marital counselling, and refusal to refer a client to a non-respected psychologist.

Two vignettes related to confidentiality in a counselling relationship. For both of these vignettes, when the category of other was added to another major choice, percentages between Alberta and American psychologists are similar. The same was also true for the dilemma involving a demand by a superior to refer a client to another, non-respected, psychologist. There was substantial recognition by both Alberta and American psychologists of the legal duty to protect when a client was seen as a danger to another person, and of the duty to report when child abuse was suspected. There also appeared to be substantial agreement between the two groups of psychologists when an exchange of professional services with a client was suggested, and when sexual misconduct by a colleague was alleged.

The degree of similarity in results between this study and Haas et al.'s (1986; 1988) research was surprising given the wide differences in gender, experience, and education between the two samples of psychologists. Haas et al.'s survey of American psychologists reported an average of five years more experience than did the Alberta study, a higher level of education (50% more Ph.D.'s) and a smaller proportion of females (1/3 compared to 1/2 females). However, the psychologists in both samples were similar in ages and in the percentages of respondents engaged in private practice. Thus, it appears that the differences attributable to demographic variables had less effect on the choice of dilemma responses than expected, and the two groups of psychologists' responses were more alike than dissimilar. This suggests that despite the differences between the samples noted, these differences did not greatly affect their choice of alternatives.

category of other. When the category of other was included along with the order of agreement between Alberta and American psychologists the percentage of agreement between the two groups appeared similar. This researcher concluded the subjects' responses in the two studies are more alike than different.

In summary, it was found that there was agreement between Alberta and American psychologists on four ethical issues: dual relations, professional competence, professional standards, and duty to protect from client's endangerment. Agreement on one ethical issue among Alberta psychologists was also determined for dual relations. Haas et al. (1986: 1988) only found concordance on three issues.

Research Question 2: What are the relationships between ethical dilemma resolution choices and the following personal, experiential, and professional factors: sex, age, education, years in practice, primary service focus, urban-rural residence?

The Chi-square test of independence allows for the comparison of observed frequencies to a theoretical or expected frequency, in order to determine whether a significant difference exists between the two types of frequencies. The Chi-square statistic was calculated to test whether the differences between the observed and expected frequencies were significant and not merely due to sampling error (Ferguson, 1976).

Chi-square tests of independence were applied to each of the ethical dilemmas to determine if a significant relationship existed between ethical choices and the following demographic characteristics: sex, age, education, urban-rural residence, and employment setting.

A summary showing the significant relationships determined between individual dilemmas and psychologists' characteristics are presented in Table 4. This study determined significant relationships between the age and primary work setting of the Alberta psychologists and their responses to four ethical dilemmas. These dilemmas and factors included:

Table 4
Summary of Chi-Square Data for Ethical Dilemmas by Significant Demographic Factors for Alberta Psychologists

Dilemma	Age *p*	Years of Experience *p*	Client Focus *p*	Consulting Focus *p*
1. Confidentiality with minor	-	-	*	-
2. Confidentiality in marriage counselling	*	-	-	-
3. Advertising affecting Professional Image	-	-	-	*
4. Area of minimal professional competence	-	-	-	-
5. Professional relations: Referral to non-respected psychologist	-	-	-	-
6. Dual relations: Exchange of services with client	-	-	-	*
7. Professional standards: Sexual misconduct by another therapist	-	-	-	-
8. Duty to protect from client's endangerment	-	-	-	-
9. Reporting of client sexually abusing child	-	-	-	-
10. "Fudging" diagnosis affecting client's financial future	-	-	-	-

* significant difference p = .05
- no significant difference

(a) confidentiality while working with a minor and psychologists working with clients as their primary service focus;

(b) confidentiality in marriage counselling and age;

(c) advertising affecting professional image and psychologists engaged or not engaged in consulting.

(d) dual relations (exchange of services with clients) and psychologists doing some consulting or no consulting.

Each of the dilemmas, the response options, and the psychologists characteristics, for which statistical significance was found are presented. The data that was obtained for each dilemma and the results of the Chi-square tests of independence and the degrees of freedom for the variables are presented in the following contingency tables.

Dilemma 1.

The mother of a 12-year old boy comes to pick him up after his initial appointment with you. She asks you if he is taking drugs. He has in fact revealed to you that he has been sniffing glue.

Your preferred response is to:

(a) ... Tell her what you know.

(b) ... Tell her the information is her son's to reveal or not, as he sees fit.

(c) ... Other (please write alternative below)

Client Service Focus

The data for this dilemma which involves confidentiality in working with a minor, examines whether psychologists would refuse to keep a secret, maintain confidence, or choose some other response. Significant relationships were found between these responses and the amount of time psychologists spent working directly with clients. The data that was obtained for this response variable is presented in the following contingency table.

	Response Choice			
Time with clients	Break confidence	Keep confidence	Other	Row Total
none	1	6	6	13
1-50%	7	3	25	35
51-100%	13	12	26	51
Column Total	21	21	57	99

Chi-square = 10.01
Degrees of freedom = 4
$p < 0.05$

The values within the contingency table indicate that psychologists not working directly with clients were more likely to keep the adolescents' confidence about drug use(6 out of 13), than were those employed as clinicians (15 out of 86). Psychologists working directly with clients for over one-half of their time, were divided between telling the mother about her son's drug use (13 out of 51), and keeping the son's confidence (12 out of 51).

Dilemma 2

You have been treating a married couple conjointly for about six months. The wife arrives early for the session and tells you that she is thinking of leaving her husband as she has been involved with another man. She also asks you not to tell her husband. You have not previously discussed your policy regarding secrets.

Your preferred response is to:

(a) ... Do not agree to keep the secret.

(b) ... Agree to keep the secret.

(c) ... Other (please write alternative below)

Age

Significant relationships were determined for the responses to the ethical dilemma dealing with confidentiality while working in marriage counselling and the psychologists' chronological age. This question examines the psychologists' choice of response which included: agreeing or not agreeing to keep a secret, or an alternate choice. The data that was obtained is shown in the following contingency table.

Response Choice

	Refuse	Agree	Other	Row Total
40 years or younger	7	13	17	37
41-49 years	13	5	23	41
50 years or older	1	4	16	21
Column Total	21	2	56	99

Chi-square = 11.80
Degrees of freedom = 4
$p < 0.05$

The contingency table above indicates that psychologists aged 40 years or younger, agreed to keep the secret from the other marriage partner more often than did the other two age groups (13 out of 37). A decision to refuse keeping a client's confidence was most frequently chosen by the 41 to 49 year old respondents. The psychologists who were 50 years of age or older, neither agreed, or refused to keep the secret, but in the majority of cases, choose the other alternative (16 out of 21).

Dilemma 3

A psychologist whom you have met at occasional meetings but do no know well appears in a T.V. spot endorsing a local health spa. He says, "As a child psychologist I find relaxation important - I go to the Palm Spa to get my head and body together."

Your preferred response is to:

(a) ... Call the psychologist and indicate that you think the ad violates professional standards.

(b) ... Call the professional standards committee of your psychological association and report the incidence.

(c) ... Do nothing.

(d) ... Other (please write alternative below)

The results indicated that only the time consulting variable for dilemma three was significant. The responses given for this dilemma involving advertising affecting professional image examined whether the psychologist would: talk to the offending psychologist, report to a professional association, do nothing, or choose other. The data obtained for this variable is presented in the following contingency tables.

	Response Choice				
Time Consulting	Talk to psychologist	Report to professional association	Do nothing	Other	Row Total
none	15	15	10	3	43
up to 10% of time	21	10	8	17	56
Column Total	36	25	18	20	99

Chi-square = 10.50
Degrees of freedom = 3
$p < 0.05$

Psychologists who choose to report to the professional association were likely to be engaged in any consulting work (15 out of 43). Respondents either engaged in consulting work for up to 10% of their time, or not doing any consulting, were equally likely to choose to talk directly to the psychologist advertising services on T.V. (21 out of 56; 15 out of 43).

Dilemma 6

A client of yours who is a Chartered Accountant suggests that he prepare your tax return in partial payment for therapy. You have been preparing your own taxes and find it increasingly burdensome.

Your preferred response is to:

(a) ... Accept his offer.

(b) ... Decline his offer.

(c) ... Other (please write alternative below)

Dilemma 6, dealing with dual relations and the exchange of services with a client also demonstrated significance on the consulting variable. The data obtained for this variable is presented in the following contingency table.

Reason & Level	Response Choice			
Time Consulting	Accept	Decline	Other	Row Total
none	5	37	1	43
up to 10%	6	40	10	56
Column Total	11	77	11	99

Chi-square = 5.97
Degrees of freedom = 2
$p < 0.05$

The contingency table shows that generally psychologists were more likely to decline an offer to exchange services; however, of those who choose this option, the largest proportion did no consulting (37 out of 43; compared to 40 out of 56). Respondents engaged in consulting, for up to 10% of their practice, choose the alternate of other (10 out of 56) more often than did their counterparts (1 out of 43).

Level of education and urban or rural residence did not have significant effects on psychologists' responses to the ethical dilemmas. Because of the large number of variables and the large number of Chi-square analysis carried out (110) caution should be exercised in interpretating the signifcant results reported. It is possible that the findings may be attributable to the probability of spurious results (Stevens, 1986, p. 7). The probability of Type I errors, rejecting the null hypothesis when it is true, and concluding that a difference exists when it really does not, must be recognized when conducting this type of exploratory research.

In summary, significant relationships were determined for responses to four dilemmas and psychologists' characteristics of age, and employment setting including consulting or client focus.

Research Question 3: Is there a relationship between ethical choices and reasons for these choices?

This question assessed the relationship between the responses psychologists gave for each of the 10 ethical dilemmas and the reasons given for each of these choices as measured by the Ethical Orientation Checklist.

Of interest in this part of the study was the relationship between the reasons psychologists gave for choosing a certain course of action in solving ethical dilemmas. The ethical issues and the subject's choice of responses were presented earlier in Table 3. The reasons psychologists gave for their choices were represented by one of five categories or levels of ethical orientation. These ethical orientation levels from highest to lowest are: personal principles (5), needs of the individual and client (4), welfare of society (3), institutional expectations (2), and prevailing rules (1).

Chi-square tests of independence were carried out to compare the observed to expected frequencies of responses in order to determine if significant relationships exist between the two categories of frequencies. A summary of the significant relationships are presented in Table 5. For four of the ten vignettes, significant relationships were determined between the dilemma alternates chosen, and the reasons given for choices as indicated by significant Chi-square scores. These four vignettes relate to issues of professionalism and are: advertising affecting professional image, sexual misconduct, duty to protect from endangerment, and the exchange of services with a client. These results indicate there was an apparent relationship between the reasons psychologists gave for choosing a particular response in areas of professional competence and the behavior of the psychologists.

Each of the significant dilemmas is presented along with the results of the Chi-square tests of independence. The data that was obtained for each dilemma is presented in the following contingency tables.

Dilemma 3

A psychologist whom you have met at occasional meetings but do not know well appears in a T.V. spot endorsing a local health spa. He says, "As a child psychologist I find relaxation

Table 5

Summary of Chi-Square Data for Ethical Dilemmas by Reasons for Choices by 99 Alberta Psychologists

Dilemma	Ethical Orientation Reasons
1. Confidentiality with minor	-
2. Confidentiality in marriage counselling	-
3. Advertising affecting Professional Image	*
4. Area of minimal professional competence	-
5. Professional relations: Referral to non-respected psychologist	-
6. Dual relations: Exchange of services with client	*
7. Professional standards: Sexual misconduct by another therapist	*
8. Duty to protect from client's endangerment	*
9. Reporting of client sexually abusing child	-
10. "Fudging" diagnosis affecting client's financial future	-

* significant difference p = .05
- no significant difference

important - I go to the Palm Spa to get my head and body together."

Your preferred response is to:

(a) ... Call the psychologist and indicate that you think the ad violates professional standards.

(b) ... Call the professional standards committee of your psychological association and report the incident.

(c) ... Do nothing.

(d) ..., Other (please write alternative below)

This question addresses the effect of advertising on professional image and examines if the choice of response is related to the reason psychologists gave for their choices. Significant relationships between responses to this dilemma and the reason for that choice were determined. The data obtained for this response variable is presented in the following contingency table.

Reason & Level	Response Choice				
	Psychologist	Professional Standards	Do Nothing	Other	Row Total
Personal Principle (5)	5	1	12	4	22
Needs of the Individual (4)	7	0	2	5	14
Welfare of Society (3)	14	13	1	7	35
Institutional Expectations (2)	3	2	2	1	8
Prevailing Rule (1)	4	8	1	3	16
Column Total	33	24	18	20	95

Chi square = 38.72
Degrees of freedom = 12
$p < 0.05$

The values within the contingency tables indicate that psychologists who would notify the professional standards committee would do so from the basis of the welfare of society (13 out of 35), or from the basis of prevailing rules (8 out of 16). Psychologists that choose not to take action, would be likely to do so from the perspective of personal principles (12 out of 22).

Dilemma 6

A client of yours who is a Chartered Accountant suggests that he prepare your tax return in partial payment for therapy. You have been preparing your own taxes and find it increasingly burdensome.

Your preferred response is to:

(a) ... Accept his offer.

(b) ... Decline his offer.

(c) ... Other (please write alternative below)

This dilemma involves a dual relationship and the exchange of service with clients. Significant relationships between responses to this dilemma and the reason for that choice were found. The data for this response variable is presented in the following contingency table.

Reasons & level	Response Choice Accept	 Decline	 Other	 Row Total
Personal principles (5)	5	24	1	30
Needs of client (4)	6	14	4	24
Welfare of society (3)	0	13	1	14
Institutional policy (2)	0	7	0	7
Prevailing standards (1)	0	13	5	18
Column Total	11	71	11	93

Chi-square = 18.12
Degrees of freedom = 8
$p < 0.05$

The values within the contingency table indicate that the majority of psychologists choose to decline the offer to exchange services for all of the five reasons for the choices. Of this number the needs of clients, and prevailing standards were chosen by a relatively small proportion of the sample (14 out of 24; 13 out of 18).

Dilemma 7.

A client of yours tells you that she is still quite upset at her previous therapist for, among other things, making sexual advances toward her. This is the third time you have heard such allegations about this particular psychologist.

Your preferred response is to:

(a) ... Discuss the client's anger but do not discuss the issue of professional standards.

(b) ... Call the previous therapist and tell him that the behavior you have heard about violates professional standards.

(c) ... Tell the client that she has the right to bring her charge to the ethics committee or the provincial licensing board and report the therapist.

(d) ... Call the ethics committee or provincial licensing board and report the therapist.

(e) ... Other (please write alternative below)

The ethical dilemma of professional standards involving sexual misconduct by another therapist is presented in this question. The results indicate significant relationships between the response choice and the reasons psychologists gave for their choice.

Reasons & level	Response Choice					
	Discuss Anger	Call Therapist	Tell Client	Ethics Committee	Other	Row Total
Personal principles (5)	0	0	1	1	7	9
Needs of client (4)	0	1	24	1	14	40
Welfare of society (3)	0	1	12	7	8	28
Institutional policy (2)	0	0	3	1	1	5
Prevailing rule (1)	0	0	2	1	9	12
Column Total	0	2	42	11	39	94

Chi-square = 23.35
Degrees of freedom = 12
$p < 0.05$

The above contingency tables indicate that psychologists who choose to tell the client of her right to report the charge to the proper authorities, did so from the perspective of the needs of the client (24 out of 40), or the welfare of society (12 out of 28). Psychologists that choose to report the infraction to the ethics committee were likely to do so because of the welfare of society (7 out of 28).

Dilemma 8.

You are treating a Vietnam veteran with a history of impulsive antisocial actions. You and he have established a good therapeutic relationship (his first after three previous attempts in therapy). At the end of the session, he discloses that he is planning to kill his current girlfriend because she has been dating another man.

Your preferred response is to:

(a) ... Contact his girlfriend and/or the police without informing him.

(b) ... Plan to discuss this further at the next session.

(c) ... Inform him that you must warn his girlfriend and/or the police.

(d) ... Other (please write alternative below)

This dilemma addresses the ethical issue of the therapist's responsibility to warn the client's girlfriend or police of potential danger. Significant relationships between responses and the reasons given for the responses were determined. The following contingency table presents the data obtained for this dilemma.

Reasons & level	Response Choice				
	Girlfriend	Discuss Further	Inform girlfriend/ police	Other	Row Total
Personal principles (5)	3	0	7	1	11
Needs of client (4)	1	0	10	11	22
Welfare of society (3)	10	0	38	4	52
Institutional policy (2)	0	0	1	0	1
Prevailing standards (1)	1	0	7	1	9
Column Total	15	0	63	17	95

Chi square = 22.10
Degrees of freedom = 8
$p < 0.05$

The values within the contingency table indicate that the majority of the subjects choose to inform the client that they would warn the client's girlfriend and/or the police. The smallest proportion of the psychologists choosing this alternate would do so for from the perspective of the needs of the client, or, from personal principles (10 out of 22; 7 out of 11).

In summary, there were significant differences determined between the reason or level of ethical orientation and the responses for four dilemmas involving professionalism:

advertising affecting professional image, exchange of services, duty to warn and sexual advances.

Research Question 4: What is the ethical orientation of psychologists and is it consistent across ethical dilemmas?

Table 6 shows the reasons psychologists gave for choosing their responses to each of the ethical dilemmas with one of five categories representing each level of ethical orientation. The modes for ethical orientations for each of the ethical dilemmas are presented in the same order as the vignettes were presented.

Overall, there was substantial agreement for the reasons psychologists gave for choosing both the same and different actions. The needs of the individual and the client, level four, was found to be the ethical orientation most often chosen by the psychologists. Indeed, level four was consistently chosen for seven of the ten vignettes. A focus on the public and on society, level three, was the secondary focus of the sample and reflected the reasons for choosing responses to vignettes dealing with advertising affecting professional image and duty to protect from clients' endangerment. For one vignette, involving the exchange of services with a client, the level of ethical orientation was five reflecting choices from the perspective of personal principles and one's own conscience.

Figure 2:

Percentage of Responses to Ethical Dilemmas at Each Level of Ethical Orientation for 99 Alberta Chartered Psychologists

Ethical Orientation

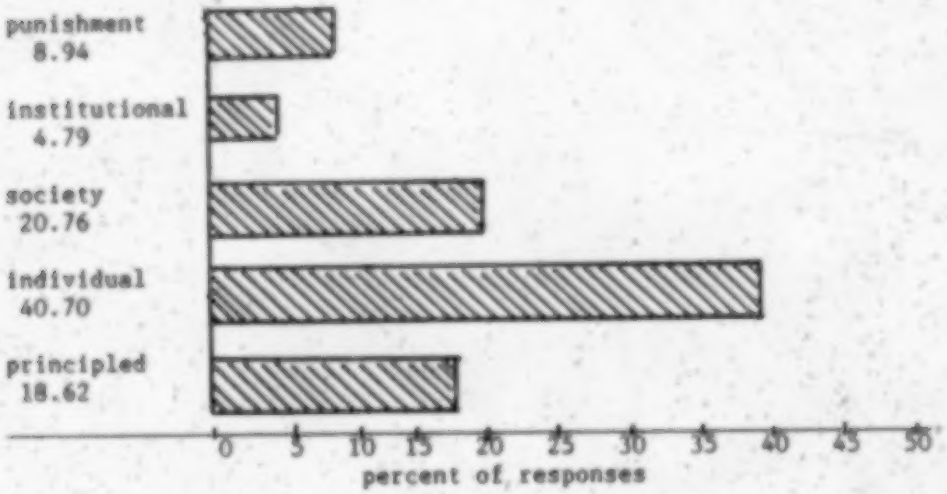

Figure 2 represents the percentage of the total number of responses at each level of ethical orientation across all dilemmas for the sample. An analysis of Table 6 indicated that the overall ethical orientation of the respondents reflected an orientation of level four, an emphasis on the needs of the individual and of the client.

The number and problem of missing observations for each dilemma was reviewed. There was no pattern apparent, and the data missing was relatively consistent and not large enough to distort the results. The missing data appears to be a function of some subjects not choosing to answer each question, as well as respondent errors in completing the questionnaire. Also it is noteworthy that there was an adequate dispersal of responses across the levels of ethical orientation for each subject. This indicates that respondents considered a reasonably wide range of reasons for their preferred course of action. That is, subjects were not responding uniformly to each dilemma, but they were taking account of the context of each of their decisions (Haas et al., 1986; 1988).

Table 6

The Mode, Mean and Standard Deviation of Primary Ethical Orientation for Each Dilemma for 99 Alberta Chartered Psychologists.

Dilemma	Ethical Orientation		
	Mode*	$\overline{x}$	SD
1. Mother	4	3.837	0.730
2. Married Couple	4	3.934	0.917
3. Advertising	3	3.189	1.347
4. Sex Therapy	4	3.895	0.984
5. Referral	4	4.253	0.684
6. Accountant	5	3.441	1.492
7. Sexual Advances	4	3.305	1.131
8. Vietnam Veteran	3	3.263	1.013
9. Child Molesting	4	3.263	1.213
10. Diagnosis	4	3.766	0.822
Overall Total	4	3.615	1.033

* 1. Prevailing rule/standards
2. Institutional expectations/policy
3. Welfare of society/public
4. Needs of the individual/client
5. Personal principles/conscience

Research Question 5: What are the relationships between ethical orientation and the following personal, experiential, and professional factors: sex, age, education, years in practice, primary service focus, urban-rural residence?

The one way analysis of variance with the Scheffé procedure was used to test the significance of differences between the overall level of ethical orientation of psychologists and the demographic variables of chronological age, years of experience, and the client as primary service focus. A summary of these results appears in Appendix D. A significant difference was only determined for overall ethical orientation and the number of years in practice ($F\ [2/90] = 3.3866$; $p = .0382$). The Scheffé test to determine differences between groups indicated significant differences between the psychologists having from one to five years of experience and those having 11 years or more experience.

The mean ethical orientation for psychologists aged 46 years of age or older was higher ($\overline{x} = 3.7655$) than for psychologists aged 45 years of age or younger ($\overline{x} = 3.4740$). The results of the analysis are shown in Appendix D.

T-tests were used to test for significant differences between total ethical orientation means and psychologists' demographic characteristics of age, sex, level of education, rural-urban residence. The *t*-value was statistically significant for one variable, the age of the psychologists (t = -2.28, p = .026). This indicates the age of the psychologists affected their choice of ethical orientation response with the older respondents scoring higher than did their younger counterparts.

Individual Dilemma Analysis

To examine the ethical orientation data in a different way, the level of ethical orientation and psychologists' demographic variables were analyzed for each of the 10 dilemmas. T-tests were used to test for significant difference between the means of ethical orientation and Alberta psychologists' demographic characteristics which could be classified into two separate groups for each of the following variables: sex, level of education, and primary services focus of management, teaching, consulting, and research. The one-way analysis of variance was executed for grouped data of age, years of experience and client focused practice. Significant differences between group means were determined using the Scheffé test. Table 7 summarizes the data that was significantly different between groups and individual data results are shown in Appendix D.

Education. The results of t-tests on the mean scores of male and female psychologists' ethical orientation for each ethical dilemma are presented in Appendix D. For the ethical orientation for the dilemma involving minimal professional competence, the

Table 7
Summary of Analysis of Variance for Ethical Orientation for each ethical dilemma by Significant Characteristics of Alberta Psychologists

Dilemma	Age		Years of Experience		Client	
	ANOVA	SCHEFFÉ	ANOVA	SCHEFFÉ	ANOVA	SCHEFFÉ
1. Confidentiality with minor	-	-	-	-	-	-
2. Confidentiality in marriage counselling	-	-	-	-	*	*
3. Advertising affecting Professional Image	-	-	-	-	-	-
4. Area of minimal professional competence	-	-	-	-	*	*
5. Professional relations: Referral to non-respected psychologist	-	-	-	-	-	-
6. Dual relations: Exchange of services with client	-	-	*	*	-	-
7. Profesional standards: Sexual misconduct by another therapist	-	-	-	-	-	-
8. Duty to protect from client's endangerment		-	*	*	-	-
9. Reporting of client sexually abusing child	-	-	*	*	-	-
10. "Fudging" diagnosis affecting client's financial futuresignificant at the .01 level.	-	-	-	-	-	-

* significant difference p = .05
- no significant difference

t-value of -2.19 was statistically significant beyond the 0.01 level. The mean score ($\overline{x}$ = 4.1316) for the reason for response choice for psychologists having completed a Ph.D. was significantly higher than the mean score of master's level psychologists ($\overline{x}$ = 3.7321). Thus, respondents who had the most education tended to reason at a higher level of ethical orientation than did respondents with less education.

Teaching Primary Service Focus. In the dilemma involvingthe area of minimal professional competence the Alberta psychologists who did some teaching ($\overline{x}$ = 4.1707) showed a higher level of ethical orientation than for psychologists not engaged in teaching ($\overline{x}$ = 3.6852). The t-test for mean scores for this dilemma showed a t-value of -2.68 and was statistically significant at the .01 level. These results indicated a significant difference exists between psychologists not teaching and those primarily engaged in teaching as their service focus for this ethical issue.

Management. The dilemma involving "fudging" a diagnosis which affected a client's financial future, showed the mean score for Alberta psychologists not engaged in management ($\overline{x}$ = 3.9792) was higher than for those psychologists engaged in some management capacity for up to 10% of their time ($\overline{x}$ = 3.5435). The t-test using mean ethical orientation scores for this dilemma indicated a significant difference between the means of the two groups of psychologists (t = 2.63, p = .011). Thus, psychologists who were not engaged in work as managers choose a relatively higher level of ethical orientation than did their counterparts working in management.

The analysis of variance technique was used to test for significant differences between ethical orientation means and Alberta psychologists' demographic characteristics that were classified into three or more sub-groups: years of experience, client as the primary service focus, and chronological age. The results of the analysis of variance that were significantly different are reported in Appendix D.

Years of Experience. The analysis of variance revealed statistically significant mean differences in ethical orientation for four ethical dilemmas and years of experience. The response categories were combined into three groups: (1) one to five years of experience, (2) 6-10 years of experience, and (3) 11 years or more of experience.

For ethical reasoning involving the dilemma centered on dual relations (exchange of services to a client) the analysis of variance indicated statistically significant differences between the psychologist's ethical orientation and the number of years experience they had (F [2/88] = 3.2331; p = .0443). The Scheffe test of differences between groups shows that significant differences were found between psychologists having one to five years, and six or more years of experience. On the ethical orientation scale, psychologists with the most experience indicated a higher level of ethical orientation ($\bar{x} = 3.6563$). while the responses of psychologists having the least experience reflected a significantly lower level of ethical reasoning ($\bar{x} = 2.5625$).

The results of the analysis of variance showed statistically significant differences in responses between the psychologists' ethical orientation and the number of years experience for the ethical dilemma involving reporting a client accused of sexually abusing a child ($F [2/90] = 5.1938$; $p = .0074$). The Scheffé test to determine differences between groups, shows that significant differences were found between the psychologists having one to five years of experience, and those having six or more years experience. These results suggest that respondents with the most experience tended to base their decisions on a higher level of ethical reasoning than did respondents with less experience.

For the ethical dilemma involving the therapists duty to protect others from the client's potential threat and using three experience groupings, there were statistically significant differences between the psychologists' level of reasoning and years of experience (F [2/90] = 3.3204; p = .0407). The Scheffé test of significant differences between groups determined that psychologists having one to five years of practice responded with the lowest ethical orientation level while psychologists with eleven years or more experience, scored one level higher.

Client Primary Focus. The analysis of variance revealed statistically significant mean differences in ethical orientation for the dilemma involving confidentiality and marriage counselling and psychologists engaged in direct client service (F[2/90] = 3.7112; p = .0284). The Scheffé multiple range test indicated statistically significant differences between psychologists not engaged in any direct client practice and those working directly with clients for from 51 to 100% of their time. These results indicated psychologists working with clients for over one-half of their time tended to base their decisions on the highest orientation, while those not working directly with clients based their decisions on a lower orientation.

For the issue of professional competence the results of the analysis of variance determine statistically significant differences between groups (F[2/94] = 3.1992; p = .0454). The Scheffé procedure indicates significant differences between two groups. Psychologists working with clients for from 1-50% of their time, tended to base their decisions on the principled level of orientation, in contrast to psychologists working with clients for 51 to 100% of their time, who tended to base their decisions on the societal level of orientation.

Statistical analysis of ethical orientation levels across each ethical dilemma found significant differences between the psychologists' demographic characteristics of: education, years of experience, and employment focus of teaching, management and client practice. Significant relationships were determined between the overall ethical orientation, chronological age of the psychologists, and the number of years in practice. The psychologists' characteristics of experience and age were determined to be inter-related as results demonstrated that older and more experienced psychologists tended toward response choices that reflected a higher level of ethical orientation than did their younger counterparts. These results give credence to and support the developmental premise from which the ethical orientation was developed (Paradise & Van Hoose, 1979).

Again, caution should be exercised when interpreting the results of this survey. The Scheffé test was used to determine significance between groups. This test is conservative and its power may be low. Thus, the probability of Type II error, or falsely accepting a significant result, is somewhat higher for the Scheffé test. The analysis appears most appropriate for "data dredging" or looking at contrasts suggested by the data as was done for this preliminary analysis (Steel & Torrie, 1980).

Research Question 6: What are the most important resources utilized by psychologists in resolving ethical dilemmas?

This question assessed the results of the sources of information questionnaire listing ten common resources used by psychologists in solving ethical dilemmas. The additional category other was added to elicit additional information. Table 8 shows the percentage of psychologists that used each of the resources in dilemma resolution. The usefulness the psychologists' attributed to each resource is also noted in Table 8 with the means listed in descending order, and standard deviations included for each resource. Fifty percent of the psychologists used the category other in addition of the other ten categories. Interestingly, the importance the psychologists attributed to each resource was in reverse order to the items as they were presented.

Over 85 percent of the psychologists in this survey rated the following six resources as important for for assisting them in resolving ethical dilemmas in their psychological practices: professional books and journals, agencies worked for, informal networking and colleagues, legislation and professional regulations, new CPA code of ethics, and graduate programs. The

Table 8

Percentage and Usefulness of Resources used by Alberta Psychologists in Solving Ethical Dilemmas (Usefulness Ranked in Descending Order)

Resource	Percentage Psychologists Using Resource	Usefulness of Resources*	
		$\bar{x}$	SD
1. New CPA code of ethics	89	3.663	0.988
2. Colleagues (informal network)	93	3.591	1.035
3. Professional books and journals	94	3.511	0.947
4. Agencies for which you have worked	91	3.231	1.096
5. Legislation and provincial regulations	85	3.129	0.936
6. Your internship	66	3.015	1.283
7. Other continuing education programs	59	2.814	1.090
8. PAA or CPA sponsored workshops	62	2.790	1.230
9. Preparation for meeting licensing requirement (written & oral)	57	2.754	1.199
10. Your graduate program	97	2.474	1.156

*5 = excellent
4 = good
3 = adequate
2 = poor
1 = inadequate

four remaining resources were noted as important for a smaller proportion of the sample: internships, PAA or CPA sponsored workshops, other continuing education programs, and preparation for licensing exams.

The psychologists rated the usefulness of the resources used in resolving ethical dilemmas on a 5-point Likert scale ranging from excellent(5) to inadequate(1). The respondents reported the utility of six resources as being adequate: new CPA code of ethics, colleagues, professional books and journals, agencies for which they had worked, legislation and provincial regulations, and internships. There were two major exceptions to the rating of the usefulness of resources. Graduate programs were rated relatively lower than the other resources; while the other category of resources, including personal experience, achieved a good rating which was the highest rating given to any of the resources.

Research Question 7: Does formal ethics training have an effect on actions chosen in ethical dilemma resolution?

This research question evaluated the effect of ethics training on ethical decision-making. The students surveyed were enrolled in an ethics module of a required core course at the master's level in the counselling program. The results of the responses to the Haas Ethical Dilemma Questionnaire by the 37 graduate students in September and March are presented in Appendix C.

Using a criteria of a 30% difference in graduate students' responses from the first to second completion, a difference was found for five dilemmas for the percentage of students choosing the same alternative for each of the 10 vignettes over two trials. These four dilemmas were: confidentiality with a minor, advertising, sexual advances, child molestation, and referral to a non-respected psychologist. All of the other dilemmas showed some change over the two trials. It is striking, in analyzing the results of the two trials, that the graduate students tended toward the increased use of the other category in solving the ethical dilemmas on the second trial. This trend was most noteworthy for four dilemmas: confidentiality with a minor and in marriage counselling, sexual misconduct by another therapist, and sexual child abuse. These results indicated that the students changed their opinion over the two trials and increasingly used the option of other.

These results suggest that changes in the students' responses did occur over the two trials. Through the information and the experiences provided in the classroom setting, the students' awareness of alternate options and actions appeared to increase. However, it should be noted that the change noted in responses may also be attributable to the practice effect, the result of completing the same test twice.

Research Question 8: Does formal ethics training have an effect on ethical orientation?

This research question evaluated the effect of completing an ethics module on graduate students' level of ethical orientation. The students completed the Ethical Orientation Checklist before the ethics learning module was begun and again after its completion. The reasons given by the graduate counselling students for choosing their responses to each of the ethical dilemmas are shown in Table 9.

An analysis of this table shows the reason most frequently given by the graduate students for their pretest responses was an ethical orientation based on the perspective of the needs of the individual client (level 4), while the welfare of society (level 3) was chosen as a secondary response theme.

The posttest results indicate that overall, the graduate students' reasons for choosing responses to ethical issues were again a focus on the needs of the individual. There was a very slight degree of movement upward on the level of ethical orientation for the responses over the two trials. This is indicated as one dilemma moved up two levels of ethical orientation, from a focus on the welfare of society (level 3) to a

Table 9

Students' Ethical Orientation Mode for Each Dilemma, Pre and PostTest.

Ethical Issue	Ethical Orientation	
	PreTest	PostTest
1. Mother	4	4
2. Married couple	4	4
3. Advertising	3 & 5	3 & 5
4. Sex therapy	4	4
5. Referral	4	4
6. Accountant	5	5
7. Sexual advances	3	5
8. Vietnam veteran	3	3
9. Child molesting	3	3
10. Diagnosis	4	4

*1. Prevailing rule/standards
2. Institutional expectations/policy
3. Welfare of society/public
4. Needs of the individual/client
5. Personal principles/conscience

focus on personal principles (level 5). This shift resulted in the secondary level of ethical orientation on the last trial being equally divided between the welfare of society and the principled level. However, what is striking, is the consistency in the ethical orientations for each individual dilemma over pre and posttests, with the exception of the vignette involving sexual advances which increased two levels. T-tests were used to determine if there were significant differences between the graduate students' level of ethical orientation for each ethical dilemma from the first to the second trial (Appendix D.) For two of the ethical dilemmas the mean score of ethical orientation was statistically significant. For the dilemma dealing with child molesting, the t value of -3.49 was statistically significant beyond the 0.002 level. The students' level of ethical orientation increased on the second trial of the test ($x = 3.7586$) compared with the first trial ($\bar{x} = 2.8276$). For a second vignette, sexual misconduct by another therapist, the t-value of -4.28 was statistically significant beyond the 0.000 level. Again, the students' score on the second trial was significantly higher ($\bar{x} = 4.0357$) compared with the score on the first trial ($\bar{x} = 3.257$).

These findings are significant as they indicate statistical change scores for two of the ethical dilemmas. This suggests the ethics learning component of the course and the exposure to ethical principles did have an effect on the students' level of ethical judgment. A second interpretation of these results is that the change in scores may be attributable to a practise effect, the result of the students having completed the same test twice.

Summary

The data analyzed and presented in this chapter related to the eight research questions. Table 3 presents a summary of the previously reported findings of ethical dilemma resolution in the current study. Significant relationships were determined for responses to four ethical dilemmas and psychologists' characteristics of age or client focused and consulting employment setting. Significant differences were found between the reasons and responses for four ethical dilemmas. There was substantial agreement for the reasons psychologists gave for choosing both the same and different actions with the needs of the client the ethical orientation psychologists in this study choose.

The results of this study also indicated some changes in the graduate students' performance on ethical dilemma resolution after completion of the learning module of the graduate ethics component of their program of studies.

A discussion of results derived from this study follows in Chapter V. Recommendations for further research and implications of the study will also be reported in the next chapter.

CHAPTER V

DISCUSSION

The first research question addressed in this dissertation was, "What are the choices made by Alberta Chartered Psychologists to a series of ethical dilemmas and how do these choices compare with those made by American practising psychologists?" A second question addressed whether these responses have any relationship with psychologists' level of ethical orientation. Psychologists' characteristics of sex, age, education, years in practice, primary service focus, and urban-rural residence were examined to determine if there were relationships between these characteristics and responses to ethical dilemmas, or to ethical reasoning. The relationship between choices and the reasons for these choices were also explored.

The ethical behavior of professionals, in particular for the helping professions, and the potential consequences of their decisions for the public is increasingly becoming an important issue. This emphasis is documented by the increase in malpractice litigation, rising insurance premiums, and by the attention paid to ethics by the media in recent years. This focus is consistent for all the helping professions including medical doctors, lawyers, social workers, teachers, and psychologist. Recent examples of the importance of ethical practice include the

Canadian Medical Association's review of its ethical guidelines after female patients charged several doctors with sexual abuse; and the case of an Edmonton psychiatrist found guilty of sexually abusing two female clients.

The impact of every-day ethics on professional practice is an important issue for practioners, professional associations, and training programs. Clearly there is a need to address public and professional concerns, and for psychologists to become aware of how their own views of ethics, and personal and professional characteristics effect their practices. A focus on ethics and an examination of ethical decision-making is needed so that professional associations and training programs can assist psychologists in resolving on-going and new ethical dilemmas and reduce the frequency of unethical behavior. Concerns like those expressed above, as well as the growing literature related to these concerns, inspired and guided this study.

The purpose of this exploratory study was to determine the ethical discrimination and reasoning ability of Alberta Chartered Psychologists, and to heighten psychologists' awareness of the effects and implications of their ethical choices. A second major thrust of this research was to examine the most important resources utilized by psychologists in resolving ethical dilemmas. Finally, the effect of formal training in ethics on ethical reasoning and dilemma resolution were explored. A survey package including an ethical dilemma questionnaire, the ethical reasoning scale, and a checklist of the resources used to resolve ethical issues was mailed to 300 Chartered Alberta Psychologists. Of this number, 99 Chartered Psychologists, or 33 percent, returned the completed questionnaires.

The results of this survey will be interpreted for each major research question and the implications of these findings will be discussed. Suggestions for future research will also be presented.

In general, the picture that emerges from this research is one of highly ethical professionals who are acting according to professional principles and legislation. The psychologists in this study reflected a strong interest and concern about the area of ethics in general, and with this research in particular. This interest and concern in ethics was shown in the time the psychologists took from their very busy schedules to complete the survey with due care and attention, and also by the large number of requests for the results of the study. The write-in responses and the remarks the respondents included on their questionnaires also indicated their interest and concern with ethics and the issues the research addressed. The remarks on the questionnaires indicated that the psychologists had frequently struggled with some of the issues the research addressed, and with many of their responses as they continue to deal with similar dilemmas in everyday practice.

None of the psychologists studied appeared to hold any unorthodox or extreme values. They emerged as professionals with a well-developed sense of responsibility to individual clients, as well as to society. They are attempting to balance ethical dilemmas from the perspective of professional codes and principles and, at the same time, from the perspective of what is in the best interests of the client. The balancing of these two viewpoints is not an easy task as at times the views are in opposition and integration is difficult. These psychologists are currently utilizing the existing resources to assist their on-going decision-making however, the respondents also strongly indicated a need for additional resources.

We will first examine the ethical dilemmas confronted by practising psychologists, as well as some of the vital information they provided. This will be followed by a discussion of the reasons given by the psychologists for the ethical judgments they made. The resources utilized to assist in resolving dilemmas and an evaluation of a graduate level ethical learning module will be discussed. Suggestions for future research will also be presented.

Ethical Dilemmas

This study examined the choice of alternates chosen by Alberta Chartered Psychologists to vignettes representing ethical issues encountered in actual practice. The response options reflected appropriate actions utilized in actual day-to-day practice. The results were compared to the findings of Haas et al. (1988) study of APA practising members. Haas study is crucial to the ethical practice research as the study provides the model on which subsequent research was based.

This survey determined the extent to which the Alberta Chartered Psychologists and practising members of the American Psychological Association, previously studied by Haas et al. (1986; 1988), concurred in their responses to a set of hypothetical clinical situations. Consistency in decision-making is important so that psychological ethical standards will be applied fairly and equitably and individual rights will be assured to all clients seen by psychologists.

This study determined substantial agreement between the Alberta and American studies in terms of the percentage of the psychologists choosing similar options in resolving ethical dilemmas (Table 3). Haas et al. (1986; 1988), using a criteria of 75 percent concordance, determined high agreement on three items: referral to a non-respected therapist, exchange of services with a client and responsibility to protect from client's endangerment. Compared to Haas, and using a similar criteria, this study determined one such agreement, dual relations: the exchange of services with a client. However, when the criteria was reduced to 50 percent agreement, which is appropriate given the exploratory nature of this study, an additional five dilemmas stood out. These vignettes all reflect clear professional and legal standards and are: counsellor competence in providing therapy, refusal to refer a client to a non-respected psychologist, duty to protect, and confidentiality with minors and in marriage counselling. The results support Tymchuk et al.'s (1982) view that consensus is greatest for ethical issues involving confidentiality, and professional and legal standards. These particular vignettes tend to reflect relatively clear-cut and visible options noted in ethical guidelines. The vignettes also address topics widely discussed in the media and in professional circles. Thus, it appears that clinicians may be addressing and thinking through these particular issues, and thereby have developed a personal strategy for dealing with them.

A weaker consensus was determined for vignettes dealing with the ethical issues of reporting a client sexually abusing a child, sexual misconduct, making an inaccurate diagnosis and inappropriate advertising. These results reflect a wide variation in the way the psychologists in this study resolved these four dilemmas. Attitudes about sexual values and sexual abuse reflect a broad range of feelings and values. Here it appears that the results of this study parallel this broad range of individual viewpoints. On the other hand, the dilemmas involving making an inaccurate diagnosis, and inappropriate advertising were defined by some of the respondents as less serious issues, and many reflect a lack of interest in this area. Although the proportion of agreement of the Alberta study (60 percent) was lower than that of the Haas study (80 percent), the results are surprising, given the Alberta psychologists' strong tendency to use the category of other. Again, I conclude that the subjects' response in the two studies are more alike than dislike.

Similarly, Haas et al.'s (1986; 1988) study found that psychologists' characteristics of sex, theoretical orientation and experience did have an effect on alternates chosen. However, as noted previously in this dissertation, the degree of similarity in results between this study and Haas et al.'s research is surprising, given the wide differences between the two samples. The American psychologists were more experienced, had more education and the sample included a higher proportion of males to females than did the Alberta sample. However, the two samples of psychologists were similar in age and percentages of the samples engaged in private practice. The results suggest that overall the differences attributable to demographic variables in this study had less effect on the choice of response than has been reported by other researchers. If the number of respondents in the sample had been larger, or if the therapists' theoretical orientation had been included in the data collected, it is possible that the results might have been different. However, despite the differences between the proportion of sexes, experience levels, and education, the two groups of psychologists' responses were more alike than dislike and these characteristics did not greatly affect their overall choices.

This study determined that the hypothetical ethical dilemmas did represent actual ethical issues encountered in every-day practice. In this research the category of other was used substantially more than in the Haas et al. (1986) original research. Many of the psychologists' responses reflected that there was more than one right answer to many of the dilemmas, and that the original response alternatives did not represent a broad enough range. The psychologists responded by using other to expand on the response options presented. The addition of other to the original questionnaire added considerable depth to the survey, and was a source of additional information. However, because of the time constraints of this research the other category was not interpreted, however, this researcher anticipates the use of this data in delineating potential future research directions. This data is helpful in interpreting the results of this survey, and will also be extremely useful in designing future research. In some cases, respondents included a caveat so that ethical concerns were clearly addressed, and, on occasion served to insure that the prescribed action was actually carried out.

The following descriptions highlight some of the responses that Alberta psychologists included in the other category. An attempt was made to categorize the other category responses but they proved to be too diverse to permit ready classification. These responses were too diverse to be categorized; however, the descriptions provided information both interesting and relevant to understanding the survey's results, and which will be helpful in determining future questionnaire and research strategies.

1. Professional standards: Sexual misconduct by another therapist:

> Initially encourage the client to report the matter to the child protection agency and, if no action is taken in a few days act and report the case to the child protection agency; tell the client that she has the right to bring her charge to the ethics committee, and call the previous therapist and tell him that the

behaviour you have heard about violated professional standards; and also in subsequent sessions to discuss the client's anger.

2. Area of minimal competence:

Accept him as your client after discussing your qualifications with the additional provisos that, (a) I believed that doing so would cause no harm and would be therapeutic, and (b) we were agreed that we would initially undertake a period a mutual assessment at the end of which, (i) I might work with him, (ii) I might work with him in tandem with a colleague who has specialized knowledge and experience, (iii) I might refer him to a specialist.

3. Professional relations: Referral to non-respected psychologist:

Return to clinical director and tactfully indicate my reservations, and suggest an alternative therapist, giving reasons, and negotiate with them so the issue won't keep coming up; the supervisor may know something about the therapist I do not know.

4. Confidentiality with a minor:

With a 12 year old I would have previously established a contract which would determine my ability to release information to parents if issues presented an emotional or physical health problem, I would use my professional discretion.

5. Confidentiality in martial therapy:

As a therapist in this kind of situation, I would not see one partner alone unless that had been prearranged. I would attempt to handle the first mistake by advising the wife that she was raising something that belonged in conjoint sessions, and to treat it accordingly.

The ethical dilemma questionnaire used in this study was designed so that psychologists gave their reasons for choosing, or not choosing, each particular response. This format was chosen to insure that the respondents' actions and reasons were clearly thought through. Thus, the questionnaires became virtually a mini-interview providing many insights as to the respondents reasoning processes. Although beyond the scope of this study, this information can provide important information for further research. However, the open-ended format of this survey did provide information important in analyzing and understanding the results.

Psychologists' Characteristics

When statistical analysis were applied to the psychologists' characteristics for individual dilemmas, the results suggested there was a tendency for the psychologists' characteristics of age, experience and employment to affect their opinion of the best resolution of ethical dilemmas. This was true for vignettes dealing with confidentiality, advertising and the exchange of services.

The age of the psychologist had a significant effect on responses for the vignette concerned with confidentiality in marriage counselling. In one out of ten responses, the age of the psychologist was age-related. The older therapists tended to refuse to keep secrets from the marriage partners while the younger therapists agreed to keep secrets. This age-determined shift tended to occur between 40 and 41 years of age. It is also interesting that there was a tendency for respondents 50 years and older to not encounter this conflict with secrecy as they tended toward clear guidelines for honesty between the couple at the beginning of therapy. Thus, this research concluded that older psychologists, having generally more life and more therapeutic experience than did their younger counterparts, appeared to be aware of the inherent difficulties that are generated by not disclosing relevant information given by the partners in counselling.

Vafakas (1974) and Dormal and Creamer (1988) also determined that the ages of the psychologists affected on their choice of dilemma responses. Research noted earlier pointed out the differing effects of the psychologists' experience, education, and gender on responses to vignettes (Welfel & Lipsitz, 1983; Ratcliffe, 1986; Vafakas, 1974; Gilligan, 1988; Pope, 1988). This study's findings concurred with Haas et al.'s (1986; 1988) earlier research which found the psychologists' ages did influence their choice of actions. Haas et al.'s research also indicated that years of experience, which this study also determined to be interrelated with age, was also significant to the dilemmas presented. This study indicated that psychologists employed in different settings tended to make different ethical choices when presented with the same hypothetical clinical situations. This was found to be true for psychologists employed as consultants, for the issues of advertising and the exchange of services with a client. These results suggest that consultants chose not to take action, or to decline an offer, when confronted with an ethical dilemma. These results reflected a tendency of consultants not to challenge or report colleagues' unprofessional conduct, or a tendency to accept an exchange of services.

For the vignette concerning confidentiality in marriage counselling respondents engaged in practice for more than one-half of their time chose not to keep the confidence, in contrast to counterparts not doing as much direct work with clients. This indicates that those psychologists with the most experience working directly in therapy with clients chose not to compromise themselves when faced with an ethical dilemma. It appears that, counsellors had learned by experience the difficulties that arise when marriage partners are not honest with each other in therapy. The analysis of each ethical dilemma suggests that the psychologists' age, experience and employment settings tended to affect the choice of responses to ethical scenarios. Haas et al. (1986; 1988) also determined that psychologists' characteristics of sex, theoretical orientation and experience affected the alternates chosen. The results indicate that there is a tendency for consultants and private practioners to have ethical concerns that are unique to their specialities, and to view certain ethical issues differently than psychologists not engaged in these fields. The ethical concerns that were viewed differently were issues pertinent to their areas of practice. For example: psychologists not working directly with clients were more likely to keep adolescents' confidences about drug use than clinicians; and respondents who did not consult reported ethical infractions directly to the professional association, an action that is likely to alienate some potential referral sources. This suggests that psychologists in specialized fields of practice tend to be isolated from their colleagues, and need to have an arena to discuss specific ethical issues with others, in the same area of practice. This has been implemented, to some degree, by the special interest groups of PAA and CPA.

The findings of this study that age, experience, and work setting have an effect on psychologists' responses to ethical judgment has implications for the practice of psychology. These findings emphasize there is a need for therapists themselves to be aware of their own personal and professional characteristics and how they may influence their every-day work with clients. The present study is preliminary in scope, and as such, reported findings from a relatively small sample size, with only a few cases in some of the response options. The researcher anticipates further research using larger samples will delineate further significant differences. Development of generalizations will require replication and further study.

Ethical Orientation

General Findings

Ethical orientation is the dominant stage reflected in the respondent's ethical choice or decision. Van Hoose and Paradise (1979), influenced by Piaget (1965), and Kohlberg (1969), developed a scale to assess the counsellor's ethical orientation. Ethical orientation was viewed on a developmental continuum ranging from five (highest) to one (lowest). The Alberta Chartered Psychologists generally determined the five levels of ethical orientation were relevant and representative for the actions chosen in response to ethical dilemmas. However, seven of the sample reported disagreement with some of the concepts of the developmental model, and they reported difficulty categorizing their reasons according to the scale. Comments made by the psychologists raised some pertinent issues as to the utility of the Ethical Orientation Checklists. The following comments are relevant both to understanding the respondents' choices and to the future use of the checklist in research.

> 1. I do not think the Van Hoose and Paradise categories exhaust the possibilities. Some of my choices would fall between levels 3 and 4, others between levels 4 and 5. There is no provision in the categories for the implications for diagnosis and treatment strategies to be included in ethical decision-making.
>
> 2. These ethical orientations are too obviously hierarchial in the Kohlberg framework. I would assume that every respondent would select level 5 as their orientation, after all, who wants to be seen as a level 1 or 2 moral reasoner?

3. I found this to be a silly exercise. I recognize Kohlberg's stages and rating myself at level 5 is probably arrogant. I do respect the rights of others, but that concern is one of my self-chosen principles.

4. These categories do not fit my reasons and I am unable to use them to categorize my reasons.

5. There seems to me to be a large gap between society (level 3) and individual (level 4). What about the family unit and the relationship between (a) children who are quite helpless, and parents, and (b) husband and wife who form a tight diad within which one cannot really consider that either of them is an autonomous individual?

6. Actually none of the 5 levels fit.

7. I consistently found that I responded at level 4 with overtures of level 3 for all of the dilemmas.

The comments made by the psychologists regarding the usefulness of the Ethical Orientation Checklist provide information that will be useful in determining future research strategies. Several of the comments pose questions about the usefulness of Kohlberg's (1969) developmental model and propose that the levels are too narrow and need to be broadened. However, with these exceptions, the ethical orientation model was generally determined by respondents to be a useful method of thinking about the reasons for their actions. Graduate students in this study reported they were able to utilize the ethical orientation categories as explanations for the reasons for their ethical responses for both the pre and posttests. Thus, these findings indicate that in addition to being appropriate for professionals and therapists, this scale is also relevant for people with little or no previous exposure to counselling and the developmental model. This was supported by the graduate students at the beginning of their graduate program of study who found the ethical orientation scale to be useful in classifying their responses on the pretest. Some of these graduate students did not have any previous counselling experience. Thus, the ethical orientation scale appears appropriate for use with a wide range of people working in helping professions where an understanding of the reasoning underlying their ethical decisions is relevant.

Responses indicated the respondents had considered a wide range of reasons for their choices. These results further support the psychologists' interest and concern in the area of ethical issues in counselling by their attitude of careful consideration of the materials presented in all sections of this study.

Previous research reported only weak support for reliability and validity for the Ethical Orientation Checklist (Van Hoose, 1971; Paradise, 1976; Welfel & Lipsitz, 1984; Royer, 1985). This study determined that test-retest reliability was generally low, with only three out of ten dilemmas reaching acceptable limits. However, Dormal (1988) did determine modest content validity in an earlier study. Also, Welfel and Lipsitz (1983) predicted that reliability and validity will evolve and become more robust as measures of ethical reasoning are used more frequently. As research in this field continues, it appears that reliability and validity may be expected to increase and reach acceptable limits.

Most importantly, psychologists in this study generally found the Ethical Orientation Checklist to be a useful method of categorizing their responses, and, to this degree, the instrument did achieve the purpose for which it was chosen. From this perspective, and as a way of thinking about reasons for making ethical judgments, the checklist's importance and usefulness has been assessed. This instrument did assist psychologists to focus on their reasoning processes. This focus is important in terms of gaining an understanding of ethical decision-making and reasoning processes. Understanding the reasons underlying ethical dilemma resolution is of great importance to therapists' self-awareness and self-understanding, and will encourage discussion among people faced with similar concerns. As the need for accountability and self-monitoring of professionals continues to increase, this measure can best be utilized to assist in this categorizing process, rather than in quantifying information about the ethical judgment process.

When Alberta Chartered Psychologists were confronted by ethical dilemmas, this survey determined the emphasis was generally placed on the needs of the client. These results indicate that psychologists in this study focused on the perspective of the individual when making ethical discriminations. This finding indicates that psychologists are examining issues from the client's perspective. This is the premise most often taught in traditional counselling and practicae courses, which is the ability to understand the client's world from the client's terms of reference. The findings of this research that the psychologists placed their emphasis on the individual client, also concurs with Tymchuck et al's (1982) research. However, the findings of this research contrast with Pace (1986) and Vakafas (1974) research that determined where the emphasis was on the welfare of society. These differences in outcome can be explained by dissimilarities in the composition of the three samples. Pace and Vakafas exclusively used American community college counsellors, while this study surveyed a cross-section of Alberta Chartered psychologists who were working with a broader cross-section of the population as a whole.

Individual Dilemmas

An analysis of individual vignettes found that for seven out of ten vignettes, the ethical orientation emphasized a concern for the needs of the individual client. However, for two vignettes dealing with issues of professional image and the duty to protect other individuals from endangerment from the client, the focus was on the good of society. It is interesting that these vignettes present ethical issues that pose a potential threat to other members of society, and to the profession, but not to the clients themselves. The psychologists' reasons for their choices reflected an emphasis on the protection of society, and their responses appear appropriate for these particular ethical issues. However, these results challenge one of the basic assumptions of the ethical orientation scale; that responses further along the developmental continuum reflect more integrated or superior judgments. Consideration must be given to the question if some ethical issues are more appropriately solved by using a lower level of ethical orientation. A response reflecting the needs of institutions (level 2), or of society (level 3), may be more ethical and appropriate in certain situations than the higher ethical orientations of individual or principled levels (level 4 & 5). Thus, a higher level of ethical reasoning may not necessarily be as ethical for a particular ethical dilemma as are lower levels of reasoning. This finding indicates there is a question as to the basic premise on which the developmental model of ethical orientation was based. A higher ethical orientation level may not be seen as moral for a particular dilemma.

For the dilemma involving declining or accepting an exchange of services, the reasons given most often were following one's own personal principles and following one's own conscience. In the case of the exchange of services, escaping of taxation is involved, while if services were exchanged, no one would be the wiser, and there would be no way of knowing unless the client reported it. They would be highly unlikely to do so as they would be equally implicated. Again, these findings support the earlier noted view, that the psychologists in this study are highly ethical professionals who are acting in accordance with to professional principles and regulations. In conclusion, it appears there is some difficulty in the developmental model of ethical orientation. It appears appropriate for some ethical issues but not for others. Further investigation of this finding is warranted.

The number of years of experience the psychologists had was found to affect their level of ethical reasoning for vignettes dealing with: exchanging services with clients, sexual abuse of a child, and duty to protect. Therapists with the most experience tended to reason at higher ethical reasoning levels than their less experienced counterparts. The experience-determined shift tended to occur between 1 to 5 years and 11 years or more experience. Previously age and experience were determined to be related, and therefore, these findings support the developmental model on which the ethical orientation scale was developed in which experience and age is related.

The results of this survey suggest a general tendency for psychologists with the most experience and most education, and who are teaching or in direct clinical practice, to respond to ethical dilemmas from the perspective of the higher levels of ethical reasoning. This tendency was true for a wide range of ethical issues including: professional competency, confidentiality, dual relations, inaccurate diagnosis, sexual abuse of a child, and the duty to protect against endangerment. These findings are consistent for some of the psychologists' characteristics with research by Ratcliffe (1986), Vafakas (1974), Pace (1986), and Dormal and Creamer (1988) and disagree on other factors. This research did not find any significant differences between gender or rural-urban residence and contradict previous research by Gilligan (1988) and Ratcliffe (1986), who determined differences in responses to ethical dilemmas related to psychologists' gender.

Reasons by Choices

Of interest in this study was the nature of the reasons psychologists gave for making a particular choice of action. The respondents categorize their reasons for each of the choices by one of the five categories representing levels of ethical orientation. This study determined there was substantial agreement in the reasons psychologists gave for choosing both the same and different actions. Thus a choice of a specific ethical action was made for a variety of reasons. These results are consistent with Kohlberg (1969), who stated that different reasons were given for identical choices. Haas et al. (1986; 1988) and Tannenbaum et al. (1989) also agree with the present research findings, that a given ethical action may have resulted from a variety of reasons. The results suggest that consensus is not possible, and that an examination of the intended choice without addressing the reasons for the actions may be missing the most critical part of the ethical equation. Or to put it in a different manner: not the what but the why.

This research determined there was a significant relationship between the reasons given and the choices made for four of the ten vignettes. The four vignettes were: advertising affecting professional image, exchange of services, sexual advances by therapist, and the clinicians' duty to warn of potential threat. These findings concur with Haas et al.'s (1988) research which determined a relationship between responses and choices for five of the ten ethical dilemmas, two of which are the same as were determined in this study: sexual advances by another therapist, and the exchange of services with a client.

For the vignette involving the exchange of services, the reasons psychologists gave for a particular action tended to be related to their choice of ethical responses. Psychologists who chose to decline the offer of the exchange of services were likely to do so from the perspective of their own personal principles. For the vignette presenting the issue of inappropriate advertising, psychologists who took action, either calling the psychologist in question or reporting to the professional standards committee, tended to take action from the perspective of the welfare of society. The respondents who did nothing tended to do so from a personal principled orientation.

The analysis of the ethical dilemma dealing with sexual misconduct by another therapist indicated that psychologists who would advise the client of the right to bring charges were likely to do so from the perspective of the needs of the individual. For the vignette which involved the clinician's responsibility to warn others of a potential threat, respondents who would warn the girlfriend and police tended to do so from the perspective of the welfare of society.

Ethical issues related to advertising and the exchange of services, unethical behavior of others and the duty to warn, which involved both action and non-action, were found to be related to the needs of the client. There was an apparent relationship between taking direct action in the face of ethical dilemmas and acting from the perspective of the welfare of society. Conversely, respondents choosing to do nothing, or to decline an offer, tended to do so from the perspective of personal principles.

If these trends are indeed the case, the welfare of society was more strongly associated with direct action, while the principled orientation was more strongly linked with no action or choosing to decline an offer. Haas et al (1988) whose findings were similar, suggests that the challenge to advocates of more direct action may be to develop new pathways from principled levels of orientation to direct action. This area warrants further study and the focus needs to be redirected toward connecting new behavior to moral constructs that the individual already has, rather than changing the ethical framework already in place. That is, congruence between moral values and new ways of acting.

The results of this study, as were stated earlier, determined that psychologists do not always agree on which course of action is appropriate. This study has also found that psychologists choosing one action may do so for a variety of underlying ethical reasons. Further research in this area appears warranted and promising and suggests, to this researcher, the most intriguing findings of this survey.

Sources of Information

Graduate programs, colleagues, professional books and journals, employing agencies, CPA code of ethics, and provincial regulations were noted as important sources of information by at least eighty-five percent of the sample of Alberta Chartered psychologists. The usefulness of these resources were rated as being adequate, with the exception of graduate programs, which were rated as less useful and mediocre. Continuing education programs, PAA or CPA sponsored workshops were found to be accessed by at least sixty percent of the sample. However, these programs and workshops were rated as poor in terms of their usefulness. Although Alberta psychologists did access the available resources, they generally found them less than adequate.

Two implications arise from the foregoing findings. First, there is a need to address new and innovative ways in which resources can become more effective tools in assisting psychologists in ethical dilemma resolution. Secondly, psychologists may be unskilled in using existing resources. Ethical situations are rarely clear-cut; ethical codes do not provide cook-book answers and are limited resources. It appears that a part of the relatively low ratings given to the sources of information, may reflect the psychologists wanting resources to provide answers. From this perspective, I suggest that future resources for psychologists emphasize ethical values, self-awareness, and problem-solving skill acquisition, to enhance the resources already in place. As ethical counselling issues will continue to evolve, rather than resources with more specificity, it is appropriate that psychologists become familiar with a problem-solving model that emphasizes process and will assist them in resolving on-going ethical dilemmas.

When the results of this survey were compared with a study of American psychologists by Pope (1987; 1988), a trend was indicated toward similarities between the two samples in terms of the resources they used to solve ethical dilemmas. The findings of this study concur with research by Pope, with both studies determining that colleagues, PAA and CPA codes of ethics, and laws and regulations were helpful resources in solving ethical dilemmas. However, the present research determined that published research and journals were good resources for psychologists, while Pope's findings determined they were less than helpful. Hayman and Covert (1986) also were in agreement with Pope, when they found that less than one-third of their sample of American psychologists consulted professional books and journals, and a smaller number utilized their graduate program for ethical problem-solving (eleven percent). This rate contrasts with the Alberta psychologists, whose participation rate for these resources was at least eighty-five percent. The respondents in Hayman and Covert's study consulted with colleagues at the same rate as the Alberta sample, however this group also consulted with administrators and clinical supervisors for approximately forty percent of their time.

The differences between Alberta and American psychologists tend to be in terms of the importance placed on reading books and journals, graduate programs, legislation and provincial regulations, and consulting administrators and clinical supervisors. Alberta psychologists read more printed material, and consulted legislation and provincial regulations more frequently than did their American counterparts. It may be that Canadian journals are addressing the ethical concerns of psychologists. Also, Alberta psychologists may identify as members of a scientific and empirically based discipline who frequently consult with published research (Pope, 1987). Alberta psychologists, unlike the American sample, did not report graduate programs, or administrators or supervisors as resources, although they noted they found internships and their own work supervising and preparing students for licensing exams were effective in alerting themselves to ethical issues.

Problem-solving by consulting with clinical supervisors is a potential resource that Alberta psychologists may want to consider more frequently. The higher rating accorded by the American psychologists to their graduate programs and to clinical supervisors as resources needs to be addressed. These results reflect a need for Alberta graduate programs and also for supervisors of graduate students to emphasize training in resolving ethical dilemmas and acquiring skills for on-going problem-solving. The Alberta psychologists did not report administrators or supervisors as resources. Therefore, problem-solving by taking time to consult with administrators and clinical supervisors may also be an option to be emphasized for the future. Other resources were used by almost one-half of the sample. Although not analysed in the data these resources fell into four major categories as follows:

1. Personal experience: Personal value system and one's own understanding of the issues; personal development, time spent dealing with ethics; a therapist's own therapy and background in

philosophical and theological ethics; early socialization learned at home and the quality of ethical behavior observed in the behavior of immediate and close models, colleagues and authority figures, and, examples portrayed in news media, particularly print, T.V., movies, and, films.

2. Work experience: Interactions with colleagues and persons from other disciplines; ethical issues present themselves in my work as I do a lot of work in the area of sexual harassment and discrimination on our campus; reading and learning of American standards and U.S. experience helps me make decisions; five years experience in guardianship judgments; work situations resolving trick situations and, watching resolutions and watching outcomes.

3. Professional experience: My own discipline charge; experience serving on council and functioning as a Disciplinary Committee member; professional contact with colleagues and other professionals determines many of the issues and themes that are relevant to formulating a guideline and making ethical decisions.

4. Teaching and supervision: Preparing graduate

students and acting as an examiner; on-going supervision and consultation, including preparation for case conferences keeps me alerted to ethical issues.

The write-in responses to the Sources of Information Questionnaire provides a wealth of information. The Alberta psychologists' responses included in the other category includes many items that the researcher did not anticipate: personal development and therapy, teaching students and various interactions with PAA disciplinary committees.

Psychologists in Alberta utilize the resources that are now in place to assist them in resolving ethical concerns. However, the relatively low ratings given to resources indicates a necessity to address new and innovative ways in which resources can become more effective tools in solving ethical dilemmas. New methods of presenting a problem-solving model and of applying ethical standards to practical situations needs to be explored. In view of the current increase in malpractice litigation and the increased emphasis placed on ethics by the profession and by the community, Canadian and provincial professional associations need to devote attention and financial resources to providing better resources and assist their use by practising psychologists.

Clearly reflected from this research is the need for an emphasis on improving the teaching of ethics, and developing resources on ethics in graduate programs, supervision, and internships. Graduate programs and supervisors were noted as resources by American psychologists, who rated these resources much higher than the Alberta psychologists. The Educational Psychology graduate program, at the University of Alberta, implemented a required course, "Ethical, Legal, and Professional Issues for Psychologists" for all of the counselling students in the 1988-89 academic year. Lectures and discussions comprised part of the course, with a major portion involving experiential problem-solving, using case examples (Appendix B). This program is one example of a innovative program which allows graduate students to learn both ethical information and skills in problem-solving that they can utilize in their later practice. This program is one example of an innovative program that allows graduate students to learn ethical principles, and regulations, and problem-solving skills, that can be utilized in their later psychological practices.

Effects of Ethical Training

The effects of ethics training on ethical decision-making and on the reasons for choosing these responses were examined. Graduate students responded to a set of hypothetical clinical situations and classified their reasons for response options before and after completing a formal course emphasizing ethical issues and principles and ethical decision making. The students' responses were compared pre and posttest to the responses given by Alberta psychologists on the same tests.

The number of graduate students completing the second survey was relatively low as some students did not attend the last day of class, and follow-up was difficult. Therefore, interpretation of the results must be approached with caution. However, the results do suggest some trends.

The largest difference in agreement between pre and post-surveys using a thirty percent criteria was for five ethical issues: confidentiality with a minor, advertising, sexual advances, child molestation, professional competence, and inaccurate diagnosis. All of the other dilemmas also showed some degree of change over the two trials. The confidentiality issue is one that has been determined to be the most difficult to solve and also, the ethical concern most frequently encountered (Stadler & Paul, 1986). Changes in the students' responses on the issue of confidentiality were as expected as confidentiality was noted as important in the course outline and several of the students enroled in the course said the confidentiality issue was emphasized in classroom discussions. The importance of confidentiality in the ethics learning module is consistent with the emphasis placed on the importance of confidentiality in every-day practice and in the literature.

In analyzing the results across both trials of the survey, it is interesting that there was a tendency for graduate students to increasingly use the category of other in solving dilemmas. Therefore, in this regard, the students' second survey responses tended to become more alike the responses of the Alberta Chartered psychologists and their frequent use of other when compared to their American counterparts. These results indicate that completing the learning model "Ethical, Legal, and Professional Issues for Psychologists" did affect the ethical reasoning abilities of the graduate students. The change in responses of graduate students over the two trials suggests that through the information and the experiences provided in the classroom setting, the students' awareness of alternate options and actions appeared to increase. These results are interesting given that over half of the graduate students had previous experience in counselling and social service agencies and had previous exposure to these issues. Although, undoubtedly, many of the graduate students had formed opinions on these issues through their experience or exposure to by the media, it appears they reformulated their perspectives on some of the ethical issues and the course work challenged them to expand their view points.

The overall reason given for choice of responses by the graduate students was the needs of the individual and client, with the welfare of society as a secondary focus. The retest results also focused on the needs of the client. However, there were indications of a slight movement toward a higher level of ethical reasoning in the second survey, as a secondary theme was revealed to be equally divided between the welfare of society and the principled level. The students' emphasis on the welfare of the individual client is similar to the earlier reported results of Alberta Chartered psychologists. Also, significant differences were determined for two vignettes: sexual misconduct by another therapist and reporting a client sexually abusing a child. These findings are inconsistent with Tymchuk's (1985) premise that disagreements most often occur in ethical decision-making when the issues addressed have received little attention in the literature. In contrast to this view, sexual misconduct by therapists has been hotly debated by the media, particularly in recent years.

The findings of this study that formal ethics training did enhance ethical reasoning ability concurs with previous findings of Paradise (1976), Goldman and Arbuthnot (1979), Baldick (1980), Zahner and McDavis (1980), and Gawthrop and Uhlemann (1990). Tannenbaum et al. (1989) concluded that there were some differences in how people over age 35 in faculty positions approached ethical dilemmas. He suggested they were more cautious and applied more complex decision-making processes. Further, he stated that ideally, ethics training should convey the reasoning processes of older, experienced psychologists to their graduate students. The results of this study that the tendency of the students' responses to become more alike those of Alberta psychologists, suggest that this process has occurred over the learning module. In addition to the finding that the ethical reasoning abilities of the graduate students changed after completing the ethics course, it is my contention that the result of implementing course work in ethics may have had greater impact than is readily apparent.

In conclusion, the graduate students became more sensitized to ethical standards as measured by the students' practice of ethics in the practicae and internships. A central issue that may have been integrated in their learning, is that the only certainty in decision-making is uncertainty (Goldman & Arbuckle, 1979). Undoubtedly, the students' ability to deal with ambiguous situations has been expanded. They also learned problem-solving skills, as applied to psychology and ethics, and proved able to implement them. Self-perceptions of good ethical decision-making abilities were previously determined in research by Goldman & Arbuckle (1979) to result in better ethical judgements. This researcher anticipates that the graduate students' perception of their own effectiveness in responding to ethical dilemmas also increased after completing the ethics learning module, and the process of completing the module, will potentially lead to increased effectiveness in making good ethical decisions and judgments.

RECOMMENDATIONS

This study demonstrates that ethical decision-making and ethical reasoning can be empirically studied. This research offers several observations emphasising the need for further research which are described as follows.

1. The results of ethical dilemma resolution ability of Alberta Chartered Psychologists have been studied. This study needs to be replicated and comparable results determined before any broad generalizations can be made. A survey of Canadian psychologists needs to be carried out to determine if there are Canadian or American, or regional differences. Psychologists' personal and experience characteristics of age, experience and employment setting were determined to influence ethical judgments. The present study reported findings from a relatively small sample size with only a few cases in some of the response options. The results determined that psychologists' variables of sex and years of education approached significance. A replication of this

study, using a broader Canadian sample, will provide a large enough sample size to determine if further significant differences emerge, and also allow an examination of other variables (i.e. theoretical orientation, regional and cultural differences).

2. The Haas Ethical Dilemma Questionnaire represented actual ethical issues in the every-day practice of psychology. However, the original response alternates did not represent a broad enough range of options and respondents frequently noted several of the dilemmas had more than one right answer. Further research could use the information collected in the other response category to provide several additional response choices for particular dilemmas including: referral to a non-respected psychologist, reporting sexually abused child, and confidentiality.

3. This research has provided some insight into the study of ethical reasoning. The ethical orientation model based on Paradise's and Van Hoose's (1979) model has potential, but also has serious limitations. Validity and reliability of the scale are very much in question. This study points out some major difficulties in the developmental nature of the scale and questions whether it is appropriate for all ethical issues. Some of the psychologists surveyed challenged the use of the Ethical Orientation Checklist and questioned the utility of the scale, as well as Kohlberg's developmental model. Because of the serious

limitations which have been noted both in the theoretical framework on which this scale is based (Fish, 1981) as well as the noted difficulties with reliability and validity. Therefore, it is recommended that the Ethical Orientation Checklist be used as a method of categorizing, not quantifying, ethical judgments, and/or primarily for instructional use by counsellor educators. I suggest that further research in this area include an in-depth interview format using open-ended responses, similar to Kohlberg's (1958) original examination of the moral judgments of adolescent boys. At the same time, the moral dilemmas need to be updated to include more current issues. Research of this nature represent a solid contribution to the field of ethical reasoning and judgments.

4. A case for the necessity for formal ethics training at the graduate counselling level for future psychologists has been presented. This research evaluated one approach for teaching ethics that was determined to be effective. An emphasis on the teaching of ethics needs also to be emphasized in supervision and internships as applied to every-day practice. One aspect of ethics education reported in the literature review, and by the psychologists in this survey that needs to be stressed is the dual role relationships emerging when counselling students participate as clients in counselling training-situations where they are

evaluated by professors and supervisors. Having in the ethical training module one component that directly addresses specific ethical concerns of graduate students would serve to provide experiential learning using ethical issues that have a strong emotional impact for the students, thereby providing experiences more similar to the level encountered in their future psychological practices.

5. Sources of Information and resources to assist professionals in resolving ethical issues needs to be further addressed by professional associations and committees, by graduate training programs and also by the psychologists themselves. The results from this study suggest that the resources for regulating the practice of psychology are not as effective as they could be. New and innovative ways in which resources for psychologists can be delivered to psychologists needs to be addressed.

References

Abeles, N. (1980). Teaching ethical principles by means of value confrontations. *Psychotherapy, Theory, Research, and Practice*, *17*, 384-391.

American College Personnel Association, (1990, May). Statement of ethical principles and standards. *Journal of College Student Development*, *31*, 197-202.

American Psychological Association, Criteria for Accreditation of Doctoral Programs and Internships in Professional Psychology, 1979 (mimeographed).

Arbuthnot, J.B. & Faust, D. (1981). *Teaching moral reasoning: Theory and Practice.* New York: Harper & Row.

Baldick, T. (1980). Ethical discrimination ability of intern psychologists: A function of training in ethics. *Professional Psychology*, *11*, 276-282.

Barnett, D. W. (1988). Professional judgment: A critical appraisal. *School Psychology Review*, *17*(4), 658-672.

Barr, J. (1970). A comparison between counselor-trainees and practicing counselors awareness of ethical standards as set forth by APA (Doctoral Dissertation, Wayne State University, 1970). *Dissertation Abstracts International*, *32*, 167A.

Bernard, J. L., Murphy, M., & Little, M. (1987). The failure of clinical psychologists to apply understood ethical principles. Professional Psychology: Research and Practice, 18(5), 489-491.

Bowman, J. T., & Allen, B. (1988). Moral development and counselor trainee empathy. Counselling and Values, 32(2), 144-146.

Bowman, J. T., & Reeves, T. G. (1987). Moral development and empathy in counseling. Counselor Education and Supervision, June, 293-297.

Brandt, L. R. (1959). Ethical theory. Englewood Cliffs: Prentice-Hall.

Brown, F. (1982). The ethics of psychodiagnostic assessment. In M. Rosenbaum (ed.), Ethics and values in psychotherapy. New York: Free Press.

Butler, S., & Zelen, S. T. (1977). Sexual intimacies between therapist and patient. Psychotherapy, Theory & Research and Practice, 14, 139-145.

Canadian Guidance and Counselling Association, Board of Directors. (1989). Guidelines for Ethical Behavior, Ottawa, CGCA.

Canadian Psychological Association, Committee on Ethics. (1986). Code of ethics. Highlights, 8(1), 6E-12E.

Cormier, L. S., & Bernard, J. M. (1982). Ethical and legal responsibilities of clinical supervisors. Personnel and Guidance Journal, 60(8), 486-491.

DePalma, N., & Drake, R. (1956). Professional ethics for graduate students in psychology. American Psychologist, 11, 554-557.

Di Battista, R. A. (1989). Providing a rationale for ethical conduct from alternatives taken in ethical dilemmas. Journal of General Psychology, 116(2), 207-214.

Dormal, Q. S. (1986). An evaluation of selected psychometric characteristics of the ethical judgment scale. (Doctoral disseration, Virginia Polytechnic Institute & State University), Ann Arbor, Mich., Disseration Abstracts International, 155.

Dormal, Q. S., Jr., & Creamer, D. G. (1988). An Evaluation of the ethical judgment scale. Journal of College Student Development, 29(2), 151-158.

Eberlein, L. (1987). Introducing ethics to beginning psychologists: A problem-solving approach. Professional Psychology: Research and Practice, 18(4), 353-359.

Eberlein, L. (1988). The new CPA code of ethics for Canadian psychologists: An education and training perspective. Canadian Psychology, 29(2), 206-212.

Eberlein, L. (1988). The use of the ethical judgment scale for ethics education. Canadian Journal of Counselling, 22(4),242-244.

Eisele, J. H. (1973). A survey of the reported probable behavior of school counselors regarding the disclosure of confidential information (Doctoral Dissertation, University of Florida), Dissertation Abstracts International.

Ethics Committee of the American Psychological Association. (1988). Trends in ethics cases, common pitfalls, and published resources. American Psychologist, 43, 564-572.

Farrell, A. D. (1989). Impact of computers on professional practice: A survey of current practices and attitudes. Professional Psychology: Research and Practice, 20(3), 172-178.

Ferguson, G. A. (1971). Statistical analysis in psychology and education (3rd ed.). New York: McGraw-Hill.

Fine, M. A., & Ulrich, L. P. (1988). Integrating psychology and philosophy in teaching a graduate course in ethics. Professional Psychology: Research and Practice, 19(5), 542-546.

Fish, V. C. (1981). The intrinsic connection between ethics and psychotherapy. Counseling and Values, 25, 269-278.

Foltyz, M. L., Kirby, P. C., & Paradise, l. V. (1989). The influence of empathy and negative consequences on ethical decisions in counseling situations. Counselor Education and Supervision, Mar. 28(3), 219-228.

Forsyth, D. R. (1980). A taxonomy of ethical ideologies. The Journal of Personality and Social Psychology, 39, 175-184.

Forsyth, D. R., & Pope, W. R. (1984). Ethical ideology . judgments of social psychological research: Multidimensional analysis. Journal of Personality and Social Psychology, 46(6), 1365-1375.

Gawthrop, J. C., & Uhlemann, M. R. (1990). Effects of the Problem-Solving Approach in Ethics Teaching. Unpublished manuscript, University of Victoria, B.C.

Gilligan, C., Ward, J. V., & Taylor, J. M. (1988). Editors Mapping the moral domain. Harvard University Press, Cambridge, Mass.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University.

Gilligan, C. (1988). Adolescent development revisited. In C. Gilligan, J. V. Ward, J. M. Taylor (Eds.), Mapping the moral domain. Cambridge, MA: Harvard University.

Gilligan, C. (1988). Remapping the moral domain: New images of self in relationship. In C. Gilligan, J. V. Ward, J. M. Taylor (Eds.), Mapping the moral domain. Cambridge, MA: Harvard University.

Glaser, R. D., & Thorpe, J. S. (1986). Unethical intimacy. A survey of sexual contact and advances between psychology educators and female graduate students. American Psychologist, 41, 43-51.

Granum, R. A., & Erickson, R. L. (1976). How a learning module can affect confidential decision making. Counselor Education and Supervision, 15, 276-283.

Gray, L. A., & Harding, A.K. (1988). Confidentiality limits with clients who have the AIDS virus. Journal of Counseling and Development, 66, 219-222.

Greenberg, L. T. (1984). The evolution of Tarasoff: Recent developments in the psychiatrist's duties to warn potential victims, protect the public, and predict dangerousness. Journal of Psychiatry and Law, 12(3), 315-348.

Goldman, S. A., & Arbuthnot, J. (1979). Teaching medical ethics: The cognitive-developmental approach. Journal of Medical Ethics, 5, 171-181.

Gould, K. H. (1988). Old wine in new bottles: A feminist persepective on Gilligan's theory. Social Work, Sep[.-Oct. 33(5), 411-415.

Guy, J. D., & Souder, J. K. (1986). Impact of therapists' illness or accident on psychotherapeutic practice: Review and discussion. Professional Psychology: Research and Practice, 17(6), 509-513.

Haas, L. J., & Fennimore, D. (1983). Ethical and legal issues in professional psychology: Selected works, 1970-1981. Professional Psychology: Research and Practice, 14, 540-548.

Haas, L. J., Malouf, J. L., & Mayerson, N. H. (1986). Ethical dilemmas in psychological practice: Results of a national survey. Professional Psychology: Research and Practice, 17, 316-321.

Haas, L. J., Malouf, J. L., & Mayerson, N. H. (1988). Personal and professional characteristics as factors in psychologists' ethical decision making. Professional Psychology: Research and Practice, 19(1), 35-42.

Haber, A., Runyon, R. P. (1973). General Statistics. Addison-Wesley Publishing Co., Don Mills, Ontario.

Huberty, C.J. (1988). On statistical testing. Educational Researcher, 48(3), 4-9.

Hare-Mustin, R.T. (1974). Ethical considerations. Psychotherapy Research & Practice, 11, 308-310.

Hague, W. J. (1990). Kohlberg's "Stage 6": An idea too important to be lost. Modern Psychology, 1, 6-10.

Haley, J. (1985, December). Therapy: A new phenomenon. Invited presentation given at the Evolution of Psychotherapy Conference, Phoenix, Arizona.

Handelsman, M. M. (1986a). Ethics training at the master's level: A national survey. Professional Psychology: Research and Practice, 17, 24-26.

Handelsman, M. M. (1986b). Problems with ethics training by "Osmosis." Professional Psychology: Research and Practice, 17, 371-372.

Harvancik, M. J. (1987). Ethical issues/responsibilities involved in the supervision and training of counselors. Paper presented at the Annual Convention of the American Assn. for Counseling and Development (New Orleans, LA, April 21-25, 1987) ED 281124.

Hayman, P. M., & Covert, J. A. (1986). Ethical dilemmas in college counseling centers. Journal of Counseling and Development, 64 (5), 318-320.

Hess, A. K., & Hess, K. A. (1983). Psychotherapy supervision: A survey of internship training practices. Professional Psychology: Research and Practice, 14(4), 504-513.

Hinkeldey, N. S., & Spokane, A. R. (1985). Effects of pressure and legal guideline clarity on counselor decision making in legal and ethical conflict situations. Journal of Counseling and Development, 64, 240-245.

Hogan, R. (1969). Development of an empathy scale. Journal of Personality & Social Psychology, 33, 307-316.

Hotelling, K. (1988). Ethical, legal, and administrative options to address sexual relationships between counselor and client. Journal of Counseling and Development, 67, 233-237.

Hunsley, J. (1988). Conceptions and misconceptions about the context of paradoxical therapy. Professional Psychology: Research and Practice, 19, 533-539.

Janocko, K. M., & Lee, S. S. (1988). Ethical implications of deinstitutionalization and moves of the institutionalized elderly. Professional Psychology: Research and Practice, 19(5), 522-526.

Jorgensen, G. T., & Weigel, R. G. (1973). Training psychotherapists: Practices regarding ethics, personal growth and locus of responsibility. Professional Psychology, 4, 23-27.

Kapp, S., & Vandercreek, L. (1982). Tarasoff: Five years later. Professional Psychology. 13, 511-512.

Kerlinger, F. N. (1973). Foundation of behavioral research. New York: Holt, Reinhart, & Winston.

Kitchener, K. S. (1984). Ethics in counseling psychology: Distinctions and directions. Counseling Psychologist, 12(3), 15-18.

Kitchener, K. S. (1985). Ethical principles & ethical decisions in student affairs. In H. J. Canon . R. D. Brown (Eds.), Applied ethics in student services, 17-29. New Directions for Student Services, No. 30, San Francisco: Jossey-Bass.

Kitchener, K.S. (1986). Teaching applied ethics in counselor education: An integration of psychologicval processes and philosophical analysis. Journal of Counseling and Development,64,306-310.

Kitchener, K. S. (1988). Dual role relationships: What makes them so problematic? Journal of Counseling and Development, 67(4), 217-221.

Klein, M. A. (1984, August). Ethical dilemmas in rehabilitation counseling. In P. M. Hayman (Chair), Ethical dilemmas encountered by counselors: Research and Implications. Symposium conducted at the annual meeting of the American Psychological Association, Toronto.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D. Goslin (Ed.), Handbook of socialization theory and research, 347-480, Chicago, IL: Rand McNally.

Kohlberg, L. (1985). A current statement on some theoretical issues. Handbook of socialization theory and research. 347-480. Chicago, IL: Rand McNally.

Kurtines, W. & Greif, E.B. (1974). The development of moral thought: Review and evaluation of Kohlberg's approach. Psychological Bulletin, Aug. 8(8), 453-470.

Kutnick, P. (1985). The relationship of moral judgment and moral action: Kohlberg's theory, criticism . revision. In S. Modgil & C. Modgil (Eds.), Lawrence Kohlberg consensus and controversy, Philadelphia, IL: Falmer Press.

Lakin, M. (1986). Ethical challenges of group and dyadic psychotherapies: A comparative approach. Professional Psychology: Research and practice, 17(5), 454-461.

Lerner, R. M. (1976). Concepts and theories of human development. Don Mills: Addison-Wesley.

Lipsitz, N. E. (1985). The relationship between ethics training and the ethical discrimination ability of counseling psychologists in training: An empirical analysis (Doctoral dissertation, Boston College, 1985). Dissertation Abstracts International, 44, 167A (University Microfilms No. 71-17233).

Margolis, J. (1966). Psychotherapy & Morality. Random House: New York.

Martin, G. (1976). Undergraduate rehabilitation students' ethical discrimination ability (Doctoral dissertation, University of Alberta, 1976). Dissertation Abstracts International, 37, 135A (University Microfilms No. 72-31), 594.

Melton, G. B. (1988). Ethical and legal issues in Aids-related practice. American Psychologist, 43(1), 941-947.

Moore, H. E. (1977). A validation of an ethical judgment scale for counselors. Unpublished doctoral disseration, University of Virginia.

Morrison, J. K., Layton, B. D., & Newman, J. (1982). Ethical conflict among clinical psychologists and other mental health workers. Psychological Reports, 51, 703-714.

Muehleman, T., & Kimmons, C. (1981). Psychologists' views on child abuse reporting, confidentiality, life, and the law: An exploratory study. Professional Psychology: Research and Practice, 12, 631-638.

Newman, A. S. (1981). Ethical issues in the supervision of psychotherapy. Professional Psychology, 12, 690-695.

Newmark, C. S., & Hutchins, T. C. (1981). Survey of professional education in ethics in clinical psychology internship programs. Journal of Clinical Psychology, 37(3), 681-683.

Newman, J. L., & Fuqua, D. R. (1988). A comparative study of positive and negative modeling in counselor training. Counselor Education and Supervision, 28, 121-

Olson, R. A., Husazti, H. C., Mason, P. J., & Seibert, J. M. (1989). Pediatric AIDS/HIV infection: An emerging challenge to pediatric medicine. Journal of Pediatric Psychology, 14(1), 1-21.

Pace, A. (1989). The counselor and professional ethics: An assessment of counselor dominant ethical orientation (ethical-decision making). (Doctoral Dissertation, George Washington University, 1989). Disseration Abstracts, ADC:86-27897.

Paradise, L. V. (1978). What price ethics: New research direction in counselor ethical behavior. Counseling and Values, 23, 2-9.

Paradise, L. V. (1979). The ethical judgment scale manual. In Van Hoose, W. J., & Paradise, L. V., Ethics in counseling and psychotherapy. Cranston, RI: Carroll Press.

Patrick, K. D. (1989). Unique ethical dilemmas in counselor training. Counselor Education and Supervision, 28, 337-341.

Pelsma, D. M., & Borgers, S. B. (1986). Experience-based ethics: A developmental model of learning ethical reasoning. Journal of Counseling and Development, 64(5), 311-314.

Piaget, J. (1965). The moral judgment of the child. New York: Free Press. (Reprint of 1932 edition).

Psychologists Association of Alberta, Second Annual Report,1989.

Pope, K. S. (1986). Research and laws regarding therapist-patient sexual involvement: Implications for therapists. American Journal of Psychotherapy, 40(4), 564-571.

Pope, K. S. (1988). How clients are harmed by sexual contact with mental health professionals: The syndrome and its prevalence. Journal of Counseling and Development, 67(4), 222-226.

Pope, K. S., Levenson, L. R., & Schover, L. R. (1979). Sexual intimacy in psychology, training, results and implications of a national survey. American Psychologist, 34(8), 682-689.

Pope, K. S., Schover, L. R., & Levenson, H. (1980). Sexual behavior between clinical supervisors and trainees: Implications for professional standards. Professional Psychology, 10, 278-284.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. American Psychologist, 42, 993-1006.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1988). Good and poor practices in psychotherapy: A rational survey of the beliefs of psychologists. Professional Psychology: Research and Practice, 19(5), 547-552.

Ratliff, N. (1986). Therapists' responses to professional ethical dilemmas. (Doctoral Dissertation. New Mexico State University, 1986). Disseration Abstracts International, 8713532.

Rest, J. R. (1979). Development in judging moral issues. Minneapolis: University of Minnesota Press.

Rest, J. R. (1984). Research on moral development: Implications for training counseling psychologists. The Counseling Psychologist, 12(3), 19-29.

Rest, J. R. (1985). Kohlberg's moral judgment interview: Is there a need for additional research. In S. Modgil . C. Modgil (Eds.) Lawrence Kohlberg consensus and controversy, Philadelphia, IL: Falmer Press.

Roberts, G. T., Murrell, P. H., Thomas, R. E., & Claxton, C. S. (1982). Ethical concerns for counselor educators. Counselor Education and Supervision, Sept., 9-14.

Ryer, G. W. (1979). Assessing ethical judgment: The development and evaluation of the counseling ethics applications test. (Doctoral dissertation, Temple University, 1979).

Schaie, K. W. (1967). A general model of the study of developmental problems. Psychological Bulletin, 64(2). 92-107.

Scott, N. A. (1985). Counseling prisoners: Ethical issues, dilemmas, and cautions. Journal of Counseling. Psychological Bulletin, 64(2), 92-107.

Shertzer, B., & Morris, K. (1972). APGA members' ethical discriminatory ability. Counselor Education and Supervision, 11(3), 200-206.

Simon, R. (Ed.). (1989). The ethical therapist (Special issue). Networker, March/April.

Slovenko, R. (1980). Legal issues in psychotherapy supervision. In A. K. Hess (Ed.), Psychotherapy Supervision. New York: John Wiley, 1980.

Snarey, J. B. (1983). The social and moral development of Kubbutz founders and Sabras: A cross-sectional and longitudinal cross-cultural study (Doctoral dissertation, Harvard University, 1982). Dissertation Abstracts International, 43, 3416B.

Sprinthall, N., & Sprinthall, R. C. (1988). Value and moral development. Easier Said Than Done, Winter, 16-26.

Smith, G. E. (1975). Quantitative methods of research in education. Washington, D.C.. College . University Press.

Smith, M. L., & Glass, G. V. (1987). Research and evaluation in education and the social sciences. Prentice Hall, Inc., Englewood Cliffs, New Jersey.

Smith, M. L., & Glass, G. V. (1987). Research and Evaluation in Education and the Social Sciences. Prentice-Hall, Inc., Englewood Cliffs, NJ.

Stadler, H., & Paul, R. D. (1986). Counselor educators' preparation in ethics. Journal of Counseling and Development, 64(5), 328-330.

Steel, R.G., Torrie, J. (1980). Principles and procedures of statistics: A biometrical approach McGraw-Hill, Inc..

Stevens, J. (1986). Applied multivariate statistics for the social sciences. Lawrence Erbaum Assoc. Pub. London.

Straughan, R. (1985). Why act on Kohlberg's moral judgments? (or how to reach stage 6 and remain a bastard). In S. Modgil . C. Modgil (Eds.) Lawrence Kohlberg consensus and controversy, Philadelphia, IL: Falmer Press.

Tannenbaum, S. I., Green, V. J., & Glickman, A. S. (1989). The ethical reasoning process in an organizational consulting situation. Professional Psychology: Research and Practice, Aug. 20(4), 229-235.

Tannenbaum, S. I. (1989). The ethical reasoning process in an organizational consulting situation. Professional Psychology: Research and Practice, 20(4), 229-235.

Tennyson, W. W. & Strom, S. M. (1986). Beyond professional standards: Developing responsibleness. Journal of Counseling and Development, 64, 298-302.

Trautt, G. M., Reed, J. G., Schneider, J. A., Rottenberg, E. F., Hedden, C. E., & Denny, N. M. (1983). Teaching of ethics in psychology: Results of a national survey. Paper presented at the meeting of the Eastern Psychological Association, Philadelphia.

Tymchuk, A. J. (1981). Ethical decision making and psychological treatment. Journal of Psychiatric Treatment and Evaluation, 3, 507-513.

Tymchuk, A. J., Drapkin, R., Major-Kingsley, S., Aickerman, A. B., Coffman, E. W., & Baum, M. S. (1982). Ethical decision making and psychologists' attitudes toward training in ethics. Professional Psychology: Research and Practice, 13, 412-421.

Upchurch, D. W. (1985). Ethical standards and the supervisory process. Counselor Education and Supervision, 25, 91-98.

Vatakas, K. M. (1974). Ethical behavior of community college counselors. Journal of College Student Personnel, 15, 101-104.

Van Hoose, W. H. (1986). Ethical principles in counseling. Journal of Counseling and Development, 65(3), 168-169.

Van Hoose, W. H., & Goldman, C. F. (1971). Some ethical dilemmas of the helping professionals, Wayne State University Mimeographs.

Van Hoose, W. H., & Kottler, J. A. (1985). Ethical and legal issues in counseling and psychotherapy. San Francisco: Jossey-Bass.

Van Hoose, W. H., & Paradise, L. V. (1979). Ethics in counseling and psychotherapy. Cranston, R.I.: Carroll Press.

Vasquez, M. J. T. (1988). Counselor-client sexual contact: Implications for ethics training. Journal of Counseling and Development, 67(4), 238-241.

Webster's Seventh New Collegiate Dictorionary, (1971). Springfield, Mass: G. & C. Merriam Company.

Welfel, E. R., & Lipsitz, N. E. (1983a). Wanted: A comprehensive approach to ethics research and education. Counselor Education and Supervision, 22, 320-329.

Welfel, E. R., & Lipsitz, N. E. (1983b). Ethical orientation of counselors: Its relationship to moral reasoning and level of training. Counselor Education and Supervision, 23, 35-45.

Welfel, E. R., & Lipsitz, N. E. (1983c). Moral reasoning of counselors: Its relationship to level of training and counseling experience. Counseling and Values, 27, 194-203.

Welfel, E. R., & Lipsitz, N. E. (1984). The ethical behavior of professional psychologists: A critical analysis of the research. The Counseling Psychologist, 12(3), 31-42.

Whiston, S. C., & Emerson, S. (1989). Ethical implications for supervisors in counseling of trainees. Counselor Education and Supervision, 28, 319-325.

White, M. J. (1988). A computer-administered examination in professional ethics. Counselor Education and Supervision, 28, 416-120.

Wolberg, L. P. (1954). The technique of psychotherapy. New York: Grune & Stratton.

Zahner, C. J., & McDavis, R. J. (1980). Moral development of professional and paraprofessional counselors and trainees. Counselor Education and Supervision, June, 243-251.

Zelig, M. (1988). Ethical dilemmas in police psychology. Professional Psychology: Research and Practice, 19(3), 336-338.

APPENDICES

APPENDIX A

QUESTIONNAIRES

Ethical Orientation and Dilemma Resolution

Ethical decision-making is based in part upon personal ethical orientation. As a result, there are often more than one ethical response to the same dilemma. In addition, there may be no unanimity with respect to the "correct" response.

There are two parts to this ethical questionnaire. The first part presents ten brief ethical dilemmas. After completion of this part, you are presented five different orientations and requested to go through the dilemmas a second time. This time you are asked to indicate which orientation you used when making your initial decision.

The following ten dilemmas have been developed by Leonard J. Haas and his co-workers (1986, 1988). **Of the alternatives listed, each dilemma has "at least two potentially workable alternative resolutions" (Professional Psychology: 1986, 17(4), 316). Please indicate your preferred response. Should you not prefer any of the listed responses, please write your alternative solution on the line provided. Then please indicate your reason for not choosing the other responses.**

Ethical Questionnaire - Part I

Haas Dilemmas

1. The mother of a 12-year old boy comes to pick him up after his initial appointment with you. She asks you if he is taking drugs. He has in fact revealed to you that he has been sniffing glue.

Your preferred response is to:

(a) ... Tell her what you know.

(b) ... Tell her the information is her son's to reveal or not, as he sees fit.

(c) ... Other ______________________________

The reason for your response:

(a) Why? ______________________________

Why Not? ______________________________

(b) Why? ______________________________

Why Not? ______________________________

(c) Why? ______________________________

2. You have been treating a married couple conjointly for about six months. The wife arrives early for the session and tells you that she is thinking of leaving her husband as she has been involved with another man. She also asks you not to tell her husband. You have not previously discussed your policy regarding secrets.

Your preferred response is to:

(a) ... Do not agree to keep the secret.

(b) ... Agree to keep the secret.

(c) ... Other ____

The reason for your response:

(a) Why? ____

Why Not? ____

(b) Why? ____

Why Not? ____

(c) Why? ____

3. A psychologist whom you have met at occasional meetings but do not know well appears in a TV spot endorsing a local health spa. He says, "As a child psychologist I find relaxation important - I go to the Palm Spa to get my head and body together."

Your preferred response is to:

(a) ... Call the psychologist and indicate that you think the ad violates professional standards.

(b) ... Call the professional standards committee of your psychological association and report the incident.

(c) ... Do nothing.

(d) ... Other ____

The reason for your response:

(a) Why? ____________________

Why Not? ____________________

(b) Why? ____________________

Why Not? ____________________

(c) Why? ____________________

Why Not? ____________________

(d) Why? ____________________

4. A man with no previous experience in therapy contacts you and asks for sex therapy. While you understand the general principles of sex therapy, you would not consider it your area of expertise. However, he looks like an interesting prospective client.

Your preferred response is to:

(a) ... Accept him as your client.

(b) ... Accept him as a client only after discussing your qualifications.

(c) ... Do not accept him as a client; refer him to another therapist.

(d) ... Other ____________________

The reason for your response:

(a) Why? ____________________

Why Not? ____________________

(b) Why? ____________________

Why Not? ____________________

(c) Why? ____________________

Why Not? ____________________

(d) Why? ____________________

5. You are a therapist in a community mental health centre. You are about to move to another province, and must terminate or refer your caseload. Your clinical director tells you to refer a particular individual to a therapist whose ability you do not respect.

Your preferred response is to:

(a) ... Refer the client.

(b) ... Refer the client and indicate your reservations to him.

(c) ... Refuse to refer the client to that particular therapist.

(d) ... Other ______________________________

The reason for your response:

(a) Why? ______________________________

Why Not? ______________________________

(b) Why? ______________________________

Why Not? ______________________________

(c) Why? ______________________________

Why Not? ______________________________

(d) Why? ______________________________

6. A client of yours who is a Chartered Accountant suggest that he prepare your tax return in partial payment for therapy. You have been preparing your own taxes and find it increasingly burdensome.

Your preferred response is to:

(a) ... Accept his offer.

(b) ... Decline his offer.

(c) ... Other ______________________________

The reason for your response:

(a) Why? ______________________________

Why Not? ____________________________

(b) Why? ______________________________

Why Not? ____________________________

(c) Why? ______________________________

7. A client of yours tells you that she is still quite upset at her previous therapist for, among other things, making sexual advances toward her. This is the third time you have heard such allegations about this particular psychologist.

Your preferred response is to:

(a) ... Discuss the client's anger but do not discuss the issue of professional standards.

(b) ... Call the previous therapist and tell him that the Behaviour you have heard about violates professional standards.

(c) ... Tell the client that she has the right to bring her charge to the ethics committee or the provincial licensing board and report the therapist.

(d) ... Call the ethics committee or provincial licensing board and report the therapist.

(e) ... Other ____________________________

The reason for your response:

(a) Why? ______________________________

Why Not? ____________________________

(b) Why? ______________________________

Why Not? ____________________________

(c) Why? ______________________________

Why Not? ____________________________

(d) Why? ____________________

Why Not? ____________________

(e) Why? ____________________

8. You are treating a Vietnam veteran with a history of impulsive antisocial actions. You and he have established a good therapeutic relationship (his first after three previous attempts in therapy). At the end of the session, he discloses that he is planning to kill his current girlfriend because she has been dating another man.

Your preferred response is to:

(a) ... Contact his girlfriend and/or the police without informing him.

(b) ... Plan to discuss this further at the next session.

(c) ... Inform him that you must warn his girlfriend and/or the police.

(d) ... Other ____________________

The reason for your response:

(a) Why? ____________________

Why Not? ____________________

(b) Why? ____________________

Why Not? ____________________

(c) Why? ____________________

Why Not? ____________________

(d) Why? ____________________

9. During the course of your treatment of a 45-year-old male who has drinking problems, his wife telephones and tells you that he has been sexually molesting his 7-year-old stepdaughter (her daughter of a previous marriage).

Your preferred response is to:

(a) ... Report the case to the child protection agency.

(b) ... Encourage her to report the matter to the child protection agency.

(c) ... Reflect her concern but take no further action.

(d) ... Other ____

The reason for your response:

(a) Why? ____

Why Not? ____

(b) Why? ____

Why Not? ____

(c) Why? ____

Why Not? ____

(d) Why? ____

Why Not? ____

10. You work in the emergency room of a community mental health centre located within a general hospital. You are about to admit a man best diagnosed as paranoid schizophrenic. Although medicare will cover the cost of hospitalization, this diagnosis may make it difficult for him to obtain over kinds of coverage (e.g., disability insurance) later. You suspect that learning of this will make him resist hospitalization since he cannot afford to be without this protection.

Your preferred response is to:

(a) ... Inform him of the risks involved.

(b) ... Do not inform him of the risks; diagnose him as indicated.

(c) ... Do not inform him of the risks; give him a much "milder" diagnosis.

(d) ... Other ______________________________

The reason for your response:

(a) Why? ______________________________

Why Not? ______________________________

(b) Why? ______________________________

Why Not? ______________________________

(c) Why? ______________________________

Why Not? ______________________________

(d) Why Not? ______________________________

Ethical Questionnaire—Part II

Ethical Orientations

(Note: Please tear this page off your questionnaire so you can use it for reference purposes.)

Van Hoose and Paradise (1978, p. 38) have proposed five different orientations as follows:

I. Counsellor decisions, suggestions and courses of action are based on a strict adherence to prevailing rules and standards; i.e., one must be punished for bad behaviour and rewarded for good behaviour. The primary concern is the strict attention to the physical consequences of the behaviour.

II. Counsellor decisions, suggestions, and courses of action are based on a strict adherence to the rules and policies of the institution or agency. The correct posture is based upon the expectations of higher authorities.

III. The maintenance of standards, approval of others, and the laws of society and the general public characterize this stage of ethical behaviour. The concern is for duty and societal welfare.

IV. The primary concern of the counsellor is for the needs of the individual while avoiding the violation of laws and the rights of others. Concern for law and societal welfare is recognized, but is secondary to the needs of the individual.

V. Concern for the individual is primary with little regard for the legal, professional or societal consequences. What is right, in accord with self-chosen principles or conscience and internal ethical formulations, determines counsellor behaviour.

Ethical Orientation Checklist

Please go back over each of your ten responses to Part I of the questionnaire. For each dilemma, indicate your *primary* orientation for making the decision about your preferred course of action. Please use the following code:

I. — Prevailing rule/standards.
II. — Institutional expectations/policy.
III. — Welfare of society/public.
IV. — Needs of the individual/client.
V. — Personal principles/conscience.

Please circle *primary* orientation.

1. Mother . . . . I II III IV V
2. Married Couple . . . . . . I II III IV V
3. Advertising . . . . I II III IV V
4. Sex Therapy . . . . I II III IV V
5. Referral . . . . I II III IV V
6. Accountant . . . . . . I II III IV V
7. Sexual Advances . . . . . . I II III IV V
8. Vietnam Veteran . . . . . . I II III IV V
9. Child Molesting . . . . . . I II III IV V
10. Diagnosis . . . . I II III IV V

III Questionnaire

1. MALE: ____ FEMALE: 2. AGE: ____

3. EDUCATION:

Highest Relevant Degrees:
1. Bachelor ___ 2. Master ___ 3. Doctorate ___

3. CURRENT EMPLOYMENT SETTING:

Private Practice ________
Federal Government ________
Provincial Government ________
Municipal Government ________
Community Mental Health ________
Hospital ________

Social Service Agency ________
Public School ________
Separate School ________
College ________
Technical Institute ________
University ________
Industry ________

Other (Please Specify) ____

4. PRIMARY SERVICE FOCUS: Please give approximate percentage of total time spent per week on services listed below. (Based on 40 hrs. = 100%)

	% of Time
Direct Client Service	________
Management/Administration	________
Teaching	________
Research Evaluation	________
Consultation	________
Other (Please specify)	________

5. NUMBER OF YEARS EXPERIENCE AS CHARTERED PSYCHOLOGIST: __________

IV Effectiveness of Sources of Information

Please rate the effectiveness of the sources of information that you use to assist in resolving ethical concerns and dilemmas.

Please use the following scale circling the number which best represents usefulness of resources. When you have finished please note the length of training you received in any applicable areas.

1	2	3	4	5
inadequate	poor	adequate	good	excellent

Source	Usefulness of Resources	Duration of Content days/months/years
1. Your graduate program	1 2 3 4 5	____________
2. Your internship	1 2 3 4 5	____________
3. Colleagues (informal network)	1 2 3 4 5	____________
4. Preparation for meeting licensing requirement (written & oral)	1 2 3 4 5	____________
5. PAA or CPA sponsored workshops	1 2 3 4 5	____________
6. Other continuing education programs	1 2 3 4 5	____________
7. Agencies for which you have worked	1 2 3 4 5	____________
8. Legislation and provincial regulations	1 2 3 4 5	____________
9. Professional books and journals	1 2 3 4 5	____________
10. New CPA code of ethics	1 2 3 4 5	____________
11. Other (including personal experience: please specify)	1 2 3 4 5	____________

____

APPENDIX B

LETTERS

COURSE OUTLINE

STUDENT COUNSELLING SERVICES
Room 102 ATHABASCA HALL
THE UNIVERSITY OF ALBERTA
EDMONTON ALBERTA CANADA
T6G 2E8
(403) 432 5205

June 1, 1989

Chartered Psychologists

Dear Sir/Madam:

This is a survey of the ethical choices and the reasons for these choices of practicing Chartered Psychologists in Alberta. Your name was drawn from a list provided by the Psychologists Association of Alberta. This study is part of my doctoral dissertation.

Ethical decision making is becoming an increasingly important issue for psychologists and counselor educators. The focus of this study is on the relationship between ethical choices and the reasons for these choices, and the relationship of various professional and demographic characteristics. Also of interest is the impact of formal ethics training on choices as well as the identification of the sources psychologists use for information when resolving ethical dilemma. The major purpose of this study is to provide information which will assist in planning ethics education for graduate counselling programs. Graduate students enrolled in the Educational Psychology counselling course at the University of Alberta have completed this survey.

Would you kindly take time to complete the enclosed questionnaire and return it in the postage-paid addressed envelope by July 15th, 1989. The mailing is comprised of a 10 page questionnaire and 2 pages of information. If you have any questions or wish assistance please call me at 492-5205 or 432-7950. I assure you that the information you will provide will remain confidential and only aggregate data will be released. The only identifying mark is on the return envelope which will be discarded when the questionnaire is returned.

The results of this survey are to be published in the Alberta Psychologist after thesis completion. If you would like a summary of results please include your name and mailing address on the enclosed sheet when you return your completed questionnaire.

I am also attempting to evaluate the Haas questionnaire which he used extensively in his research with American Psychologists. If you would be willing to participate in this test-retest reliability check please so indicate on the address label sheet. Your code mark will be retained and you will receive a second copy of the questionnaire in about a month.

By your cooperation in this study you will be helping us gain information of use to practicing psychologists and also valuable in setting up graduate training programs.

Your cooperation and assistance in completing this study is sincerely appreciated.

Sincerely,

Maxine M. Crooks

Maxine M. Crooks
Chartered Psychologist
(Ph.D. Candidate)

Encls.

STUDENT COUNSELLING SERVICES
Room 102 ATHABASCA HALL
THE UNIVERSITY OF ALBERTA
EDMONTON, ALBERTA, CANADA
T6G 2E8
(403) 432 5205

July, 1989

Chartered Psychologists
Dear Sir/Madam:

A questionnaire was mailed to you in June asking that you participate in a survey of the ethical choices and the reasons for those choices of Chartered Psychologists in Alberta.

If you have completed and returned the questionnaire I sincerely thank you. If not, would you please take the time to complete and return it in the postage-paid envelope. If the original questionnaire was misplaced please telephone me at 492-5205 or 432-7950 and I will see that you receive another.

Your cooperation and assistance in completing this study is sincerely appreciated.

Sincerely,

Maxine M. Crooks
Chartered Psychologist
(Ph.D. Candidate)

STUDENT COUNSELLING SERVICES
Room 102 ATHABASCA HALL
THE UNIVERSITY OF ALBERTA
EDMONTON, ALBERTA, CANADA
T6G 2E8
(403) 432 5205

August, 1989

Chartered Psychologists
Dear Sir/Madam:

A questionnaire was mailed to you in June asking that you participate in a survey of the ethical choices and the reasons for those choices of Chartered Psychologists in Alberta.

If you have completed and returned the questionnaire I sincerely thank you. If not, would you please take the time to complete and return it in the postage-paid envelope. If the original questionnaire was misplaced please telephone me at 492-5205 or 432-7950 and I will see that you receive another.

Your cooperation and assistance in completing this study is sincerely appreciated.

Sincerely,

Maxine M. Crooks
Chartered Psychologist
(Ph.D. Candidate)

STUDENT COUNSELLING SERVICES
Room 102 ATHABASCA HALL
THE UNIVERSITY OF ALBERTA
EDMONTON, ALBERTA, CANADA
T6G 2E8
(403) 432-5205

September, 1989

Chartered Psychologists
Dear Sir/Madam:

A questionnaire was mailed to you in June asking that you participate in a survey of the ethical choices and the reasons for those choices of Chartered Psychologists in Alberta.

If you have completed and returned the questionnaire I sincerely thank you. If not, would you please take the time to complete and return it in the postage-paid envelope. If the original questionnaire was misplaced please telephone me at 492-5205 or 432-7950 and I will see that you receive another.

Your cooperation and assistance in completing this study is sincerely appreciated.

Sincerely,

Maxine M. Crooks
Chartered Psychologist
(Ph.D. Candidate)

UNIVERSITY OF ALBERTA

Faculty of Education

Department of Educational Psychology

Educational Psychology 597 Fall 1990 Instructor: Larry Eberlein

EC. X2

Principles of Professional Practice in Psychology and Counselling

This course is designed to assist students planning to professionally practice counselling or psychology in education, the schools or other public agencies. Because we are in the Faculty of Education, this clientele will receive primary emphasis; however, it also will be of interest to those who seek supervised experience, internships, or who plan to enter private practice.

Almost every issue in psychological professional practice has ethical and legal overtones. Thus, although the separation may seem artificial, the course will have a three-fold focus: Ethical issues, legal considerations, and matters of concern to the profession generally. Topics to be covered are listed below.

Texts (*Required weekly readings)

Canadian Psychological Association. (1988). *Canadian Code of Ethics for Psychologists: Companion manual.* Old Chelsea, Quebec: Author.

*Carroll, M. A., Schneider, H. G., Wesley, G. R. (1985). *Ethics in the practice of psychology.* Englewood Cliffs: Prentice Hall.

Huber, C. H., & Baruth, L. (1987). *Ethical, legal and professional issues in the practice of marriage and family therapy.* Columbus: Merrill.

*Keith-Spiegel, P., & Koocher, G. P. (1985). *Ethics in psychology: Professional standards and cases.* Hillsdale, NJ: Lawrence Erlbaum.

Stadler, H. A. (1985). Confidentiality: The professional's dilemma [Videotape]. Wasington, DC: AACD.

*Stromberg, C. D., et al. (1988). *The psychologist's legal handbook.* Washington, DC: The Council for the National Register of Health Service Providers in Psychology.

Wood, R. H. (1988). *Protecting your mental health practice: How to minimize legal and financial risk.* San Francisco: Jossey-Bass.

Fall 1990 Class Schedule

September 10 — Introduction and organization

September 17 — Topic 1

Ethical theory and codes of conduct; the decision making process; issues of competence; continuing education and in-service training.

READINGS: **Carroll:** pp. 1-26; 42-48
Keith-Spiegel: pp. 4-5; 18-25; 223-227; 229-247
Stromberg: §§ 5.01; 5.02; 8.04; 8.21

CASE STUDIES: *The Medical Psychologist* and *The Warm-line Trainer*

September 24 — Topic 2

Issues of consent and informed consent; research; other client rights.

READINGS: **Carroll:** pp. 27-42; 101-117
Keith-Spiegel: pp. 66-77; 383-412
Stromberg: §§ 4.01; 6.11-6.20; 8.03; 9.01-9.09

CASE STUDIES: *The Questioning Principal* and *The Resisting Parents*

October 1 — Topic 3

Issues of privacy, privilege and confidentiality.

READINGS: **Carroll:** pp. 33-42
Keith-Spiegel: pp. 55-66; 205-222
Stromberg: §§ 7.01-7.18; 8.10

CASE STUDIES: *The Almost Adult* and *The Denied Promotion*

October 15 — Topic 4

Issues of dual role; relationships with colleagues and other agencies; referrals; supervision and interns.

READINGS: **Carroll:** pp. 140-147
Keith-Spiegel: pp. 251-318
Stromberg: §§ 8.07; 8.09; 8.22-8.27

CASE STUDIES: *Assessing the Assessment* and *Competing Goals*

October 22 — Topic 5

Individual and group psychotherapy; crisis intervention.

READINGS: **Carroll:** pp. 49-88
Keith-Spiegel: pp. 22-25; 115-152
Stromberg: § 8.05

CASE STUDIES: *To Refer or Not to Refer* and *Potential for Suicide*

Midterm

October 29 — Topic 6
Special groups: ATA; School settings; industrial-organizational; children; family law; minorities; hospitals and institutionalized clients.
READINGS: **Carroll:** pp. 89-106; 123-166
Keith-Spiegel: pp. 319-350
Stromberg: §§ 6.09; 7.19-7.21
CASE STUDIES: *The Overworked Psychologist* and *Sexual Abuse and Custody*

November 5 — Topic 7
Psychological assessment; forensic psychology and court reporting.
READINGS: **Carroll:** pp. 147-154
Keith-Spiegel: pp. 87-114
Stromberg: §§ 11.01-11.13
CASE STUDIES: *The Harassing Employer* and *The Expert(?) Witness*

November 12 — Topic 8
Business practices:
Institutional vs. private practice
Individual vs. group practice
Record keeping
Advertising, marketing and solicitation
Money issues—fees, collections, third party payers
READINGS: **Carroll:** pp. 154-165
Keith-Spiegel: pp. 80-84; 153-198
Stromberg: §§ 2.01; 2.06-2.06; 2.10; 2.11; 4.01-4.04; 4.08; 4.13-4.15; 5.07-5.10; 7.03-7.04; 8.20; 10.01
CASE STUDIES: *The MMPI Hangup* and *The Sex Therapist*

November 19 — Topic 9
The psychologist as defendant: Malpractice and other civil issues; criminal behaviour.
READINGS: **Carroll:** pp. 27-48
Keith-Spiegel: pp. 5-11; 59-~~77;~~ 166-169; 433-451
Stromberg: §§ 7.21; 8.01-8.19
CASE STUDIES: *Sexual Abuse and Marital Counselling* and *The Jailed Psychologist*

November 26 — Topic 10
Professional and regulatory issues; PAA; complaints; relationship to profession.
READINGS: **Carroll:** pp. 19-26
Keith-Spiegel: pp. 5-18; 29-54
Stromberg: §§ 1.01; 1.09-1.17; 5.03-5.05
CASE STUDIES: *The Suspect Physical* and *The Inadequate Treatment Plan*

December 3 — Course wrap-up
Term Paper Due.

Fall 1990 Class Assignments

Assignments will be of two types: Group and individual. Although in matters of professional action, the individual psychologist is the ultimate decision maker, it is essential to consult widely before choosing an alternative, especially when decisions affect several persons or groups. Even in preparing individual assignments, students are encouraged to consult before preparing their final effort. For the fall of 1990, students will be expected to do the indicated weekly readings for the topic being covered plus the following specific assignments:

1. (30%) Two cases relevant to the class topic will be discussed each week. Groups of 3 or 4 students will prepare these case studies for class presentation once before and once after midterm. One week after the class presentation, the group will submit a 3-5 page analysis: (a) covering the principles of autonomy, beneficence, non-maleficence, and justice; (b) setting out a preferred course of action; and (c) defending that decision based on a consideration of both the utilitarian view and the Kantian view of the consequences of the action.

2. (40%) As part of remaining competent, psychologists are expected to stay current with the literature. Each student will critique five recent (1987-1990) articles or book chapters relevant to half of the 10 topics covered in class. This will include a 450 word written presentation due on the topic date plus a class interjection when relevant to the topic. Half the class will be given odd numbered topics and the other half even numbered topics. [As an option, in lieu of the article critique, students on September 24 and October 1 may submit a verbatim transcript of what they have said (or would say) to a new client covering the topics of competence, consent and confidentiality. These transcripts will not be given a specific grade; the four critiques will be averaged instead.]

3. (30%) Students will be given cases about mid-term and asked to respond in a 8-12 page term paper due December 3 to the following questions (based on the CPA problem-solving model).

   1. Indicate the individuals and/or groups that need to be considered in arriving at a solution to the dilemma posed by the situation.
   2. Take each of the individuals or groups that you feel should be considered and explain in detail what consideration each is owed and why, particularly in terms of the rights and responsibilities involved.
   3. List 3, 4 or 5 reasonable, alternative courses of action.
   4. Provide a risk-benefit analysis of each alternative (point form o.k.) considering: (a) the short-term, on-going and long-term consequences; and (b) the psychological, social and economic costs and benefits.
   5. Defend your choice of one alternative (or sequence of steps).

APPENDIX C

ADDITIONAL DESCRIPTIVE TABLES

Table 10

Membership Status of Psychology Association of Alberta*

	%	Freq.
Chartered Psychologists	85.5	1429
Psychologists Assistants	3.3	50
Provisional Approval (Interns)	4.2	70
Full Members (Masters' Status)	2.0	33.1
Students	2.5	41.8
Associate Members	1.7	28.4
Honorary Members & Others	0.8	13.4
TOTAL	100	1672
Males	56	628
Females	44	493

*Figures provided by Psychologists Association of Alberta as of February, 1989

Table 11

Primary Service Focus of Alberta Chartered Psychologists

Primary Service Focus	%	Total %
Direct Client Service		
Client	32	62
Aged	17	
Adults	15	
Family	15	
Males	10	
Females	7	
Youth	3	
Other	1	
Management and Administration		16
Teaching		9
Consulting		6
Research and Evaluation		4
Other		3
Total	100	100

Table 12

Test ReTest Analysis for Ethical Dilemma Questionnaire by 99 Alberta Psychologists

Dilemma	Frequency of Agreement	Percentage Agreement
1. Mother	14	93
2. Married couple	12	80
3. Advertising	14	93
4. Sex therapy	12	80
5. Referral	13	87
6. Accountant	13	87
7. Sexual advances	13	87
8. Vietnam veteran	11	73
9. Child molesting	15	100
10. Diagnosis	10	67
Mean =	73.5	84.5

n = 15

Table 13

Test ReTest Analysis for Ethical Orientation Level as Reasons for Responses to Ethical Dilemma Questionnaire by 99 Alberta Chartered Psychologists

Dilemma	Frequency of Agreement	% Agreement
1. Mother	10	77
2. Married couple	9	69
3. Advertising	7	54
4. Sex therapy	8	62
5. Referral	8	62
6. Accountant	4	31
7. Sexual advances	8	62
8. Vietnam veteran	9	69
9. Child molesting	6	46
10. Diagnosis	8	62
	Mean = 7.7	59.4

n = 13

Table 14

Demographic Characteristics of Alberta Counselling Trainees

Characteristics	Statistic
Highest Degree (%)	
Masters	24.3
Undergraduate	73.7
Mean Age (years)	32
Experience (%)	
Some	59.5
None	40.5
Sex (%)	
Female	86.1
Male	13.9

Table 15

Vignettes - Ethical Issues and Choices Presented in Questionnaire and Percentage of Alberta Counselling Trainees: Respondents Endorsing Each Choice (Pre and Post)

Ethical Issues and Choices	Pre-test Sept. 88	Post-test April 89
1. Confidentiality with minor		
A. Break confidence	11.4	17.2
B. Keep confidence	41.7	10.3
C. Other	47.2	72.4
2. Confidentiality in marriage counselling		
A. Refuse secrecy	11.1	10.3
B. Maintain secrecy	27.8	17.2
C. Other	61.1	72.4
3. Advertising affecting professional image		
A. Talk to psychologist involved	27.8	64.3
B. Report to professional association	30.6	17.9
C. Do nothing	30.6	10.7
D. Other	11.1	7.1
4. Area of minimal professional competence		
A. Accept client without question	0	0
B. Discuss qualifications before accepting client	27.8	24.1
C. Refer to another psychologist	61.1	65.5
D. Other	11.1	10.3
5. Professional relations: Referral to non-respected psychologist		
A. Refer	5.6	0
B. Refer but indicate reservations	13.9	0
C. Refuse to refer	30.6	62.1
D. Other	50.0	37.9
6. Dual relations: Exchange of services with clients		
A. Agree to exchange	5.6	0
B. Decline offer	75.0	75.9
C. Other	19.4	24.1

7. Professional standards: Sexual misconduct by another therapist		
A. Discuss feelings with client	2.9	3.4
B. Call therapist--discuss behavior	8.6	13.8
C. Tell client about right to bring charges	65.7	24.1
D. Call ethics committee	8.6	10.3
E. Other	14.3	48.3
8. Duty to protect from client's endangerment		
A. Contact without informing client	5.6	13.8
B. Plan to discuss with client during next session	0	0
C. Inform client of duty to warn victim	83.3	72.4
D. Other	11.1	13.8
9. Reporting of client sexually abusing child		
A. Report client to authorities	44.4	27.6
B. Encourage wife to report abuse	36.1	20.7
C. Reflect wife's concern but without taking action	0	0
D. Other	19.4	51.7
10. "Fudging" diagnosis affecting client's financial future		
A. Inform client of risks in giving diagnosis indicated	61.1	65.5
B. Diagnose client as indicated	8.3	6.9
C. Give "milder" diagnosis	11.1	6.9
D. Other	19.4	20.7

APPENDIX D

ADDITIONAL STATISTICAL TABLES

Table 16

Summary of One-Way ANOVA and Scheffe Tests for Total Ethical Orientation and Years of Experience (3 groups)for 99 Alberta Psychologists

Experience Group - Total Ethical Orientation

ANOVA

Source	SS	DF	MS	F	P
Between	2.5558	2	1.2779	3.3866	.0382*
Within	33.9597	90	.3773		

p = .05

Probability Matrix for Scheffe
Multiple comparison of Means

Experience Groups - Ethical Orientation

G1 - GJ	F-VALUE	P-VALUE
G2 - G1		
G3 - G1		

p = .10

Table 17

One-Way ANOVA Results for Ethical Orientation and 3 Groups of Experience for 99 Alberta Psychologists

Dilemma	Experience**	N	Mean	S.D.	F-Ratio	p
1. Mother	1	16	3.7500	.9309	.1179	.8890
	2	31	3.8065	.7033		
	3	41	3.8537	.6914		
2. Married Couple	1	16	3.7500	.8563	.3736	.6894
	2	30	4.0000	.6948		
	3	41	3.9268	1.1043		
3. Advertising	1	18	2.8333	1.3394	1.2267	.2982
	2	32	3.0000	1.2181		
	3	41	3.3659	1.4275		
4. Sex Therapy	1	17	3.7059	1.1048	.3652	.6951
	2	32	3.9063	.9284		
	3	42	3.9524	1.0348		
5. Referral	1	17	4.0000	.9354	1.9272	.1516
	2	32	4.4063	.5599		
	3	42	4.2619	.6648		
6. Accountant	1	16	2.5625	1.4592	3.2331	.0443*
	2	32	3.6563	1.4725		
	3	41	3.5366	1.4849		
7. Sexual Advances	1	17	2.8824	1.1114	1.2006	.3059
	2	32	3.3750	1.1288		
	3	42	3.3333	1.1405		
8. Vietnam Veteran	1	17	2.7059	1.1048	3.3204	.0407*
	2	33	3.2424	.8303		
	3	41	3.4390	1.0500		
9. Child Molesting	1	17	2.4118	1.4168	5.1938	.0074*
	2	33	3.4545	1.0633		
	3	41	3.4146	1.1644		
10. Diagnosis	1	17	3.8824	.7812	.7017	.4985
	2	32	3.8125	.8590		
	3	41	3.6341	.8293		

** group 1 = 1-5 years
group 2 = 6-10 years
group 3 = 11 years or more

* p = .05

Table 18

Means, Standard Deviations and *t*-ratios for Total Ethical Orientation for Age, Sex, Education & Residence of 99 Alberta Psychologists

Variable	Mean	S.D.	df	t-test	Probability
Age					
45 years and younger	3.4740	0.624	95	-2.28	0.026*
46 years and older	3.7655	0.606			
Residence					
Urban	3.5608	0.643	95	-1.20	0.247
Rural	3.7583	0.516			
Sex					
Male	3.5858	0.489	95	0.01	0.992
Female	3.5845	0.763			
Education					
Masters	3.5709	0.548	94	-0.18	0.860
Doctorate	3.5955	0.746			

* p = .05

Table 19

Summary of One-Way Anova and Scheffe Tests for Ethical Orientation for Marriage Counselling and Client as Primary Service Focus for Alberta Psychologists

Direct Client Focus - Ethical Orientation

ANOVA

Source	SS	DF	MS	F	P
Between	5.8809	2	2.9405	3.7112	.0284*
Within	69.7235	88	0.7923		

p = .05

Probability Matrix for Scheffe
Multiple comparison of Means

Direct Client Focus - E.O.

	F-Value	P-Value
G1 - G3		
G2 - G1		
G3 - G1		

p= .10

Table 20

Summary of One-Way ANOVA and Scheffe Tests for Total Ethical Orientation for Professional Competence and Client as Primary Service Focus for 99 Alberta Psychologists

---

Direct Client Focus - Ethical Orientation

ANOVA

Source	SS	DF	MS	F	P
Between	5.9140	2	2.9570	3.12992	.0454*
Within	85.0334	92	.9243		

---

p = .05

Probability Matrix for Scheffe
Multiple comparison of Means

Direct Client Focus - Ethical Orientation

	F-VALUE	P-VALUE
G2 - G3		
G2 - G1		
G3 - G1		

---

p = .10

Table 21

Means, Standard Deviations and T-ratios for Pre and Posttest Ethical Orientations for Ethical Dilemmas for Alberta Counselling Trainees

Variable	Mean	S.D.	df	T-test	P
EOC 1	3.8621	0.743	28	-0.78	0.442
EOC 1p	4.0000	0.756			
EOC 2	4.0690	0.753	28	0.00	1.000
EOC 2p	4.0690	0.593			
EOC 3	3.5357	1.401	27	0.23	0.816
EOC 3p	3.4643	1.232			
EOC 4	3.8621	1.156	28	-0.80	0.429
EOC 4p	4.1034	0.9786			
EOC 5	4.2069	0.819	28	-0.53	0.599
EOC 5p	4.3103	0.761			
EOC 6	3.9655	1.426	28	0.55	0.586
EOC 6p	3.7586	1.327			
EOC 7	3.2857	0.763	27	-4.28	0.000
EOC 7p	4.0357	0.881			
EOC 8	3.1724	0.602	28	-1.32	0.199
EOC 8p	3.4138	0.825			
EOC 9	2.8276	1.002	28	-3.49	0.002
EOC 9p	3.7586	0.988			
EOC 10	4.2759	0.751	28	-0.59	0.558
EOC 10p	4.3793	0.622			